| Fill in this information to identify your case: | | |
|---|---------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| WESTERN DISTRICT OF WASHINGTON | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

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page 1

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Identify Yourself | | |
|-----|---|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's | Aimee First name Rene | First name |
| | license or passport). | Middle name | Middle name |
| | Bring your picture identification to your meeting with the trustee. | Jackson Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | 3 | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-5894 | |

Official Form 101

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ☐ I have not used any business name or EINs. Business name(s) EINs |
| 5. | Where you live | 11400 N.E. 132nd Street Apt. G101 | If Debtor 2 lives at a different address: |
| | | Kirkland, WA 98034 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | King | |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

| Deb | tor 1 Aimee Rene | e Jacks | on | | | | Case | number (if known) | |
|------|---|----------------|---|------------------------------|---|--------------------------|--|---|--|
| | | | | | | | | | |
| Part | Tell the Court | About Y | our Bank | ruptcy Ca | ase | | | | |
| 7. | The chapter of the Bankruptcy Code y | you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | |
| | choosing to file un | ider | ■ Chap | ter 7 | | | | | |
| | | | ☐ Chap | ter 11 | | | | | |
| | | | ☐ Chap | ter 12 | | | | | |
| | | | ☐ Chap | ter 13 | | | | | |
| 8. | How you will pay t | he fee | abo ord | out how yo | e entire fee when I file my pour may pay. Typically, if you a attorney is submitting your paddress. | are paying | the fee yourself, | you may pay with cash | n, cashier's check, or money |
| | | | | | the fee in installments. If | | e this option, sign | n and attach the Applica | ation for Individuals to Pay |
| | | | | J | ee in Installments (Official For at my fee be waived (You ma | , | this option only | if vou are filing for Char | oter 7. By law, a judge may. |
| | | | but app | t is not req plies to you | | may do so able to pay | only if your inco the fee in instal | ome is less than 150% of lments). If you choose | of the official poverty line that this option, you must fill out |
| 9. | Have you filed for | | □ No. | | | | | | |
| | bankruptcy within last 8 years? | tne | Yes. | | | | | | |
| | | | | District | Western District of Washington | When | 5/29/17 | Case number | 17-12444-TWD |
| | | | | District | Western District of Washington | When | 9/27/10 | Case number | 10-21429-MLB |
| | | | | District | | When | | Case number | |
| 10. | Are any bankruptc | у | ■ No | | | | | | |
| | cases pending or be filed by a spouse we not filing this case you, or by a busine partner, or by an affiliate? | vho is with | ☐ Yes. | | | | | | |
| | | | | Debtor | | | | Relationship to y | /ou |
| | | | | District | | When | | Case number, if | known |
| | | | | Debtor | | | | Relationship to y | /ou |
| | | | | District | | When | | Case number, if | known |
| 11. | Do you rent your | | □ No. | Go to I | ine 12. | | | | |
| | residence? | | Yes. | Has yo | our landlord obtained an evic | tion judgm | ent against you? | | |
| | | | | | No. Go to line 12. | | | | |
| | | | | | Yes. Fill out <i>Initial Statemen</i> bankruptcy petition. | nt About ar | n Eviction Judgm | ent Against You (Form | 101A) and file it with this |

Official Form 101 Voluntary Petition for Individuals Filing for Bankruptcy Case 19-11252-CMA Doc 1 Filed 04/04/19 Ent. 04/04/19 23:34:14 Pg. 3 of 74

|)et | otor 1 Aimee Rene Jacks | son | | Case number (if known) | | | |
|--|---|-----------|--|---|--|--|--|
| | | | | | | | |
| ar | Report About Any Bu | ısinesses | You Own as a S | Sole Proprietor | | | |
| 2. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | | | | |
| | | ☐ Yes. | Name and loo | ocation of business | | | |
| | A sole proprietorship is a | | | | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of busi | | | | |
| | If you have more than one sole proprietorship, use a | | Number, Stre | eet, City, State & ZIP Code | | | |
| | separate sheet and attach it to this petition. | | Check the ap | opropriate box to describe your business: | | | |
| | · | | | th Care Business (as defined in 11 U.S.C. § 101(27A)) | | | |
| | | | ☐ Single | e Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) | | | |
| | | | ☐ Stock | kbroker (as defined in 11 U.S.C. § 101(53A)) | | | |
| | | | ☐ Comn | modity Broker (as defined in 11 U.S.C. § 101(6)) | | | |
| | | | □ None | e of the above | | | |
| Chapter 11 of the deadlines. If you indicate that you are a small business debtor? deadlines. If you indicate that you are a small business operations, cash-flow statement, and federal incomposition in 11 U.S.C. 1116(1)(B). | | | s. If you indicate the state of | apter 11, the court must know whether you are a small business debtor so that it can set appropriate that you are a small business debtor, you must attach your most recent balance sheet, statement of tement, and federal income tax return or if any of these documents do not exist, follow the procedure | | | |
| | For a definition of small | ■ No. | I am not filing under Chapter 11. | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankru Code. | | | | |
| | | ☐ Yes. | I am filing und | der Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | |
| | | | | | | | |
| | • | Have Any | y Hazardous Pro | operty or Any Property That Needs Immediate Attention | | | |
| 4. | Do you own or have any property that poses or is | No. | | | | | |
| | alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is the haza | ard? | | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | If immediate atte | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, | | Where is the pro | roperty? | | | |
| | or a building that needs urgent repairs? | | · | | | | |
| | a.gom ropuno. | | | Number, Street, City, State & Zip Code | | | |
| | | | | | | | |
| | | | | | | | |

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Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Official Form 101 Voluntary Petition for Individuals Filing for Bankruptcy
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| Deb | otor 1 Aimee Rene Jacks | son | | Case number (if | known) |
|-----|---|---|---|---|---|
| Par | t 6: Answer These Questi | ons for Re | eporting Purposes | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily consuindividual primarily for a persona | umer debts? Consumer debts are defined I, family, or household purpose." | l in 11 U.S.C. § 101(8) as "incurred by an |
| | | | ☐ No. Go to line 16b. | | |
| | | | Yes. Go to line 17. | | |
| | | 16b. | | ness debts? Business debts are debts that ent or through the operation of the busines | |
| | | | ☐ No. Go to line 16c. | | |
| | | | ☐ Yes. Go to line 17. | | |
| | | 16c. | State the type of debts you owe t | that are not consumer debts or business d | ebts |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. G | Go to line 18. | |
| | Do you estimate that after any exempt property is excluded and administrative expenses | ■ Yes. | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? No | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | ☐ Yes | | |
| 18. | How many Creditors do you estimate that you owe? | ☐ 1-49 ■ 50-99 ☐ 100-19 ☐ 200-99 | 99 | ☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 |
| 19. | How much do you estimate your assets to be worth? | □ \$100,0 | 50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion |
| 20. | How much do you estimate your liabilities to be? | □ \$100,0 | 50,000 001 - \$100,000 001 - \$500,000 001 - \$1 million | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion |
| Par | 7: Sign Below | | | | |
| For | you | I have ex | amined this petition, and I declare | under penalty of perjury that the informati | on provided is true and correct. |
| | | | | m aware that I may proceed, if eligible, una available under each chapter, and I choose | |
| | | | | pay or agree to pay someone who is not arotice required by 11 U.S.C. § 342(b). | attorney to help me fill out this |
| | | I request | relief in accordance with the chap | oter of title 11, United States Code, specific | ed in this petition. |
| | | bankrupto and 3571 /s/ Aime | cy case can result in fines up to \$2 ee Rene Jackson | ncealing property, or obtaining money or pi 250,000, or imprisonment for up to 20 year | |
| | | | Rene Jackson e of Debtor 1 | Signature of Debtor 2 | |
| | | Executed | April 2, 2019 MM / DD / YYYY | Executed on MM / D | D / YYYY |

Official Form 101 Voluntary Petition for Individuals Filing for Bankruptcy Case 19-11252-CMA Doc 1 Filed 04/04/19 Ent. 04/04/19 23:34:14 Pg. 6 of 74

| Debtor 1 Aimee Rene Jackson | | Case number (if known) | | |
|--|--|--|-------------------------------|--|
| | | | | |
| For your attorney, if you are represented by one | I, the attorney for the debtor(s) named in this petition under Chapter 7, 11, 12, or 13 of title 11, United States for which the person is eligible. I also certify that I h | tes Code, and have explained the relief av | vailable under each chapter | |
| If you are not represented by an attorney, you do not need to file this page | and, in a case in which § 707(b)(4)(D) applies, certif schedules filed with the petition is incorrect. | y that I have no knowledge after an inquir | y that the information in the | |

| /s/ N. Brian Hallaq | Date | April 2, 2019 |
|--|---------------|------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| N. Brian Hallaq 29621 | | |
| Printed name | | |
| GHG Legal | | |
| Firm name | | |
| 31811 Pacific Highway South | | |
| B101 | | |
| Federal Way, WA 98003 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone 206.729.4777 | Email address | jan@ghglegal.com |
| 29621 WA | | |
| Par number & State | | |

Official Form 101 Voluntary Petition for Individuals Filing for Bankruptcy Case 19-11252-CMA Doc 1 Filed 04/04/19 Ent. 04/04/19 23:34:14 Pg. 7 of 74

| Fill i | n this inform | ation to identify your | case: | | | |
|----------------|------------------------------|---|--|--|---------------|-----------------------------|
| Debt | or 1 | Aimee Rene Jacl | kson | | | |
| D-64 | 0 | First Name | Middle Name | Last Name | | |
| Debt (Spous | or ∠ se if, filing) | First Name | Middle Name | Last Name | | |
| Unite | d States Ban | kruptcy Court for the: | WESTERN DISTRICT C | DF WASHINGTON | | |
| Case | number | | | | | |
| (if know | | | | | _ | if this is an ded filing |
| | | m 106Sum f Your Assets | and Liabilities an | nd Certain Statistical Information | | 12/15 |
| inforr | nation. Fill o | ut all of your schedu | les first; then complete th | are filing together, both are equally responsible information on this form. If you are filing amend the box at the top of this page. | | |
| Part | 1: Summa | rize Your Assets | | | Your as | ssets f what you own |
| 1. | Schedule A/ 1a. Copy line | B: Property (Official Feb. 55, Total real estate, | form 106A/B) from Schedule A/B | | \$ | 0.00 |
| | 1b. Copy line | e 62, Total personal pro | operty, from Schedule A/B | | \$ | 6,750.00 |
| | 1c. Copy line | 63, Total of all proper | ty on Schedule A/B | | \$ | 6,750.00 |
| Part | 2: Summa | rize Your Liabilities | | | | |
| | | | | | Your li | abilities |
| | | | | | | you owe |
| | | | Claims Secured by Property Imn A, Amount of claim, at t | (Official Form 106D) the bottom of the last page of Part 1 of <i>Schedule D</i> | \$ | 0.00 |
| 3. | Schedule E/F 3a. Copy the | F: Creditors Who Have total claims from Part | Unsecured Claims (Official 1 (priority unsecured claim | Form 106E/F) s) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the | e total claims from Part | 2 (nonpriority unsecured cl | laims) from line 6j of Schedule E/F | \$ | 82,820.64 |
| | | | | Your total liabilities | \$ | 82,820.64 |
| Part | 3: Summa | rize Your Income and | d Expenses | | | |
| | | Your Income (Official Formbined monthly incom | | <i>I</i> | \$ | 3,866.82 |
| | | Your Expenses (Officia onthly expenses from I | | | \$ | 3,981.00 |
| Part - | 4: Answer | These Questions for | r Administrative and Stati | stical Records | | |
| 6. | | | ler Chapters 7, 11, or 13? | | | |
| 0. | - | • • • | | heck this box and submit this form to the court with y | our other sch | nedules. |
| 7 | Yes | f dobt do you have? | | | | |
| 7. | vvnat Kind O | f debt do you have? | | | | |
| | | | | debts are those "incurred by an individual primarily fog for statistical purposes. 28 U.S.C. § 159. | r a personal, | family, or |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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Best Case Bankruptcy

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

5,117.19

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total | claim |
|--|-------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 18,835.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 18,835.00 |

| Debtor 1 | Aimee Rene Jackson | |
|----------------------|--|---|
| Debtor 2 | First Name Middle Name Last Name | |
| (Spouse, if filing) | First Name Middle Name Last Name | |
| United States Ba | nkruptcy Court for the: WESTERN DISTRICT OF WASHINGTON | |
| Case number | | ☐ Check if this is ar |
| | | amended filing |
| \#:a:a! a | 4.0CA/D | |
| _ | rm 106A/B | |
| | e A/B: Property | 12/15 |
| hink it fits best. B | eparately list and describe items. List an asset only once. If an asset fits in more than one category, list the e as complete and accurate as possible. If two married people are filing together, both are equally responsib e space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name tion. | le for supplying correct |
| Part 1: Describe | Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In | |
| . Do you own or I | ave any legal or equitable interest in any residence, building, land, or similar property? | |
| ■ No. Go to Par | † 2. | |
| ☐ Yes. Where i | the property? | |
| Part 2: Describe | Your Vehicles | |
| | se, or have legal or equitable interest in any vehicles, whether they are registered or not? Includives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. | e any vehicles you own that |
| 3. Cars, vans, tr | ucks, tractors, sport utility vehicles, motorcycles | |
| ■ No | | |
| □ Yes | | |
| | | |
| • | craft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories ts, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories | |
| ■ No | | |
| ☐ Yes | | |
| | | |
| | r value of the portion you own for all of your entries from Part 2, including any entries for ve attached for Part 2. Write that number here=> | \$0.00 |
| Part 3: Describe | Your Personal and Household Items | |
| Do you own or l | nave any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | ods and furnishings jor appliances, furniture, linens, china, kitchenware ribe | |
| | Misc. Household Goods, Furnishings, and Personal Items. | |
| | | |

☐ No

Official Form 106A/B Schedule A/B: Property page 1

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Best Case Bankruptcy

| Debtor 1 | Aimee Rene | Jackson Case number (if known) | own) |
|---------------------------|---|--|--|
| ■ Yes. | Describe | | |
| | | Misc. Personal Electronics. Location: 11400 N.E. 132nd Street Apt. G101, Kirkland WA 98034 | \$1,000.00 |
| Example ■ No | | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, ons, memorabilia, collectibles | coin, or baseball card collections; |
| Example No | nent for sports and les: Sports, photo musical instru | graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; can | oes and kayaks; carpentry tools; |
| ■ No | | s, shotguns, ammunition, and related equipment | |
| □ No Î | | othes, furs, leather coats, designer wear, shoes, accessories | |
| | | 1 Lot Used Adult Clothing, 1 Lot Used Children's Clothing Location: 11400 N.E. 132nd Street Apt. G101, Kirkland WA 98034 | \$1,000.00 |
| □ No | | welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, ger | ns, gold, silver |
| | | Misc. Costume Jewelry & Sterling Jewelry. | \$200.00 |
| Exam _i □ No | arm animals ples: Dogs, cats, Describe | birds, horses | |
| | | Dog | \$50.00 |
| ■ No | ther personal an | d household items you did not already list, including any health aids you did not lis | st |
| | | of all of your entries from Part 3, including any entries for pages you have attached number here | \$4,250.00 |
| | escribe Your Finan | | |
| Do you ov | wn or have any l | egal or equitable interest in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |

Official Form 106A/B Schedule A/B: Property page 2

| De | ebtor 1 | Aimee Rene | Jackso | n | Case number (if known) | |
|-----|---------------------------|---|-------------------|--|---|-----------------------|
| 16. | Cash Examp | les: Money you h | nave in y | our wallet, in your ho | ome, in a safe deposit box, and on hand when you file your petition | |
| | ■ No | | | | | |
| | ☐ Yes | | | | | |
| 47 | Danasi | to of manay | | | | |
| 17. | | ts of money Jes: Checking, sa | avinas o | r other financial acco | ounts; certificates of deposit; shares in credit unions, brokerage houses | and other similar |
| | Ехатр | | | | s with the same institution, list each. | , and other ominar |
| | ☐ No | | | | | |
| | Yes | | | | Institution name: | |
| | | | | Checking and | Checking and Savings with Salal Credit | |
| | | | 17.1. | Savings | Union | \$1,600.00 |
| | | | | | | |
| | | | | | | |
| | | | 17.2. | HSA | FSA Health | \$400.00 |
| | | | | | | |
| | Examp ■ No □ Yes | les: Bond funds, | investme | Institution or issuer | | |
| 19. | joint ve | • | ock and | interests in incorp | orated and unincorporated businesses, including an interest in an | LLC, partnership, and |
| | | Give specific info | ormation | about them | | |
| | | · | | me of entity: | % of ownership: | |
| | Negotia Non-ne ■ No | able instruments | include pents are | personal checks, cas those you cannot tra | otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them. | |
| 21. | | nent or pension les: Interests in I | | | 403(b), thrift savings accounts, or other pension or profit-sharing plans | |
| | Yes. I | List each accoun | t separat | ely. | | |
| | | | Type | of account: | Institution name: | |
| | | | 401(l | d | 401(k) through employer. | \$0.00 |
| _ | | | | ·y | | 40.00 |
| 22. | Your sh Examp □ No | | d deposi | s you have made so | that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies, or Institution name or individual: | others |
| | | | Secu | rity/Damage | Security Deposit with Landlord | \$500.00 |
| 23. | Annuiti ■ No | es (A contract fo | or a perio | dic payment of mone | ey to you, either for life or for a number of years) | |
| | ☐ Yes | lss | suer nam | e and description. | | |
| 24. | 26 U.S.0 | s in an educatio C. §§ 530(b)(1), 5 | | | ualified ABLE program, or under a qualified state tuition program. | |
| | ■ No □ Yes | Ins | stitution r | name and description | n. Separately file the records of any interests.11 U.S.C. § 521(c): | |

Official Form 106A/B Schedule A/B: Property page 3

| D | ebtor 1 | Aimee Rene Jackson | Case number (if known) | |
|----|-------------------|---|--|---|
| 25 | . Trusts, ■ No | equitable or future interests in property (other than anything liste | d in line 1), and rights or powers exercis | able for your benefit |
| | ☐ Yes. | Give specific information about them | | |
| 26 | | s, copyrights, trademarks, trade secrets, and other intellectual proples: Internet domain names, websites, proceeds from royalties and lice | | |
| | | Give specific information about them | | |
| 27 | | es, franchises, and other general intangibles oles: Building permits, exclusive licenses, cooperative association holding | ngs, liquor licenses, professional licenses | |
| | | Give specific information about them | | |
| M | oney or | property owed to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28 | _ | unds owed to you | | |
| | ■ No □ Yes. | Give specific information about them, including whether you already file | d the returns and the tax years | |
| 29 | _ ′ | support oles: Past due or lump sum alimony, spousal support, child support, ma | ntenance, divorce settlement, property sett | lement |
| | ■ No □ Yes. | Give specific information | | |
| 30 | Examp | amounts someone owes you bles: Unpaid wages, disability insurance payments, disability benefits, si benefits; unpaid loans you made to someone else | ck pay, vacation pay, workers' compensati | ion, Social Security |
| | ■ No □ Yes. | Give specific information | | |
| 31 | | ts in insurance policies oles: Health, disability, or life insurance; health savings account (HSA); | credit, homeowner's, or renter's insurance | |
| | ☐ Yes. | Name the insurance company of each policy and list its value. Company name: | Beneficiary: | Surrender or refund value: |
| 32 | If you a | erest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance ne has died. | e policy, or are currently entitled to receive | property because |
| | | Give specific information | | |
| 33 | | against third parties, whether or not you have filed a lawsuit or moles: Accidents, employment disputes, insurance claims, or rights to sue | | |
| | | Describe each claim | | |
| 34 | ■ No | contingent and unliquidated claims of every nature, including cour Describe each claim | terclaims of the debtor and rights to set | off claims |
| 35 | | ancial assets you did not already list | | |
| | ■ No | Give specific information | | |
| | – 165. | Give specific information | | |

Official Form 106A/B Schedule A/B: Property page 4

| Debto | Aimee Rene Jackson | | Case number (if known) | |
|----------------|---|----------------------------|------------------------------|------------|
| | Add the dollar value of all of your entries from Part 4, including or Part 4. Write that number here | | | \$2,500.00 |
| Part 5 | Describe Any Business-Related Property You Own or Have an Intere | est In. List any real esta | ate in Part 1. | |
| 37. D o | you own or have any legal or equitable interest in any business-relate | d property? | | |
| I | Io. Go to Part 6. | | | |
| | es. Go to line 38. | | | |
| Part 6 | Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | st In. | |
| 46. D | you own or have any legal or equitable interest in any farm- | or commercial fishir | ng-related property? | |
| | No. Go to Part 7. | | | |
| | Yes. Go to line 47. | | | |
| Part 7 | Describe All Property You Own or Have an Interest in That You | Did Not List Above | | _ |
| E | by you have other property of any kind you did not already list? ixamples: Season tickets, country club membership No Yes. Give specific information | • | | |
| 54. | Add the dollar value of all of your entries from Part 7. Write tha | at number here | | \$0.00 |
| Part 8 | | | | |
| | Part 1: Total real estate, line 2 | | | \$0.00 |
| | Part 2: Total vehicles, line 5 Part 3: Total personal and household items, line 15 | \$0.00 | | |
| | Part 4: Total financial assets, line 36 | \$4,250.00 \$2,500.00 | | |
| | Part 5: Total husiness-related property, line 45 | \$2,500.00 | | |
| | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| | Part 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$6,750.00 | Copy personal property total | \$6,750.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$6,750.00 |

Official Form 106A/B Schedule A/B: Property

page 5

| Fill in this infor | mation to identify your | case: | | |
|------------------------|--------------------------|--------------------|---------------|--------------------------------------|
| Debtor 1 | Aimee Rene Jack | son | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT (| DF WASHINGTON | |
| Case number (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

Tyou are claiming state and federal nonbankruptcy exemptions 11 U.S.C. § 522(b)(3)

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the Pro | perty You | ı Claim a | s Exempt |
|---------|----------|---------|-----------|-----------|----------|
|---------|----------|---------|-----------|-----------|----------|

| | | apto) oxopoo. | | 3.0.3 0==(0)(0) | | | | | |
|----|--|--------------------------------------|----|---|------------------------------------|--|--|--|--|
| | ■ You are claiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | | | | | |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption | | | | |
| | | Copy the value from Schedule A/B | | | | | | | |
| | Misc. Household Goods, Furnishings, and Personal Items. | \$2,000.00 | | \$2,000.00 | 11 U.S.C. § 522(d)(3) | | | | |
| | Location: 11400 N.E. 132nd Street Apt. G101, Kirkland WA 98034 Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | Misc. Personal Electronics. Location: 11400 N.E. 132nd Street | \$1,000.00 | | \$1,000.00 | 11 U.S.C. § 522(d)(3) | | | | |
| | Apt. G101, Kirkland WA 98034 Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | Misc. Costume Jewelry & Sterling Jewelry. | \$200.00 | | \$200.00 | 11 U.S.C. § 522(d)(4) | | | | |
| | Line from Schedule A/B: 12.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | Dog Line from Schedule A/B: 13.1 | \$50.00 | | \$50.00 | 11 U.S.C. § 522(d)(5) | | | | |
| | Ellie II olii osii odalo 702. 1611 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | Checking and Savings: Checking and Savings with Salal Credit Union | \$1,600.00 | | \$1,600.00 | 11 U.S.C. § 522(d)(5) | | | | |
| | Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

| | | | | | |
|------|---|---|-----|---|------------------------|
| | description of the property and line on dule A/B that lists this property | Current value of the Amount of the exemption you claim Specific laws that allow exe portion you own | | | |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | : FSA Health from Schedule A/B: 17.2 | \$400.00 | | \$400.00 | 11 U.S.C. § 522(d)(5) |
| Lino | ioni concare y 2. Tri- | | | 100% of fair market value, up to any applicable statutory limit | |
| • | k): 401(k) through employer. | \$0.00 | | \$0.00 | 11 U.S.C. § 522(d)(12) |
| LINC | Tom General PAB. 2111 | | | 100% of fair market value, up to any applicable statutory limit | |
| | urity/Damage: Security Deposit | \$500.00 | | \$500.00 | 11 U.S.C. § 522(d)(5) |
| | from Schedule A/B: 22.1 | | | 100% of fair market value, up to any applicable statutory limit | |

| Fill in this infor | mation to identify your | case: | | | |
|---------------------|--------------------------|--------------------|---------------|---|------------------------------------|
| Debtor 1 | Aimee Rene Jack | son | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT O | OF WASHINGTON | | |
| Case number | | | | | |
| (if known) | | | | _ | Check if this is an amended filing |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 1

Best Case Bankruptcy

| Debtor 1 Aimee Rene Jackson First Name Middle Name Last Name United States Bankruptcy Court for the: WESTERN DISTRICT OF WASHINGTON Case number (if known) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other part any executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Unexpired Leases (Official Form 106A/B) and of Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on teft. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write you name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims | |
|--|----------|
| First Name Middle Name Last Name | |
| Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: WESTERN DISTRICT OF WASHINGTON Case number (if known) Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other part any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and of Schedule C: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on telf. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write you name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims | |
| United States Bankruptcy Court for the: WESTERN DISTRICT OF WASHINGTON Case number (if known) Check if this is an amended filling Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other part any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106A/B) and of Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on teft. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write you name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims | |
| Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other part any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and of Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the eft. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write you name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims | |
| Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other part any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and of Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on teft. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write you name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims | |
| any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and of Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write you name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims | tv to |
| 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims | on he |
| No. Go to Part 2. ☐ Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims | |
| ☐ Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims | |
| Part 2: List All of Your NONPRIORITY Unsecured Claims | |
| | |
| O De anno and de la descripción de la companya de la la companya de la companya d | |
| 3. Do any creditors have nonpriority unsecured claims against you? | |
| ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. | |
| ■ Yes. | |
| 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. | |
| Total claim | |
| 4.1 AcIrtd Clctn Last 4 digits of account number 0485 \$1,637. | 00 |
| Nonpriority Creditor's Name | _ |
| 1125 Harvey Rd When was the debt incurred? Opened 7/09/16 | |
| Auburn, WA 98002 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | |
| ■ Debtor 1 only □ Contingent | |
| □ Debtor 2 only □ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only ☐ Disputed | |
| ☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community ☐ Student loans | |
| debt | |
| ■ No □ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes ☐ Other. Specify Overlake Hospital Medical Ct | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 28

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48544

Best Case Bankruptcy

| Debtor | 1 Aimee Rene Jackson | | Case number (if known) | |
|--------|--|---|---|----------|
| 4.2 | AcIrtd Clctn Nonpriority Creditor's Name 1125 Harvey Rd | Last 4 digits of account number When was the debt incurred? | 0219 Opened 7/11/15 | \$142.00 |
| | Auburn, WA 98002 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | | |
| | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin ☐ Other. Specify Overlake H | aration agreement or divorce that you did not | |
| | | — Other. Specify | | |
| 4.3 | AcIrtd Clctn Nonpriority Creditor's Name 1125 Harvey Rd Auburn, WA 98002 Number Street City State Zip Code Who incurred the debt? Check one. | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim | Opened 8/06/16 is: Check all that apply | \$134.00 |
| | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans | | |
| | debt Is the claim subject to offset? ■ No □ Yes | ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin ☐ Other. Specify ☐ Overlake H | | |
| 4.4 | AcIrtd Clctn Nonpriority Creditor's Name 1125 Harvey Rd Auburn, WA 98002 Number Street City State Zip Code | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim | 9807 Opened 6/11/16 is: Check all that apply | \$81.00 |
| | Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharing | nration agreement or divorce that you did not | |
| | Yes | Other. Specify Overlake H | ospital Medical Ct | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 2 of 28

| Debtor 1 Aimee Rene Jackson | | Case number (if known) | | | |
|-----------------------------|--|--|---|-------------|--|
| 4.5 | Advance Cash | Last 4 digits of account number | | \$2,100.00 | |
| | Nonpriority Creditor's Name PO Box 10 Parshall, ND 58770 | When was the debt incurred? | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| | ■ No | ☐ Debts to pension or profit-sharing | | | |
| | Yes | Other. Specify | | | |
| 4.6 | AmeriCredit/GM Financial Nonpriority Creditor's Name | Last 4 digits of account number | 8339 | \$15,201.00 | |
| | PO Box 183853 Arlington, TX 76096 | When was the debt incurred? | Opened 06/14 Last Active 12/12/16 | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | no or the date you me, the claim | e. Chook all that apply | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ■ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharir | g plans, and other similar debts | | |
| | ☐ Yes | | ion: 2014 Chevrolet Sonic | | |
| 4.7 | Amsher Collection Services | Last 4 digits of account number | | \$3,498.37 | |
| | Nonpriority Creditor's Name 600 Beacon Pkwy Ste. 300 | When was the debt incurred? | | | |
| | Birmingham, AL 35209 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | · · · · · · · · · · · · · · · · · · · | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | ☐ Yes | Other, Specify | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Debtor | 1 Aimee Rene Jackson | Case number (if known) | |
|--------|--|--|------------|
| 4.8 | Arrowhead Advance Nonpriority Creditor's Name PO Box 6048 Pine Ridge, SD 57770 | Last 4 digits of account number When was the debt incurred? | \$2,357.57 |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No □ Yes | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| 4.9 | Ashley Funding Services, LLC Nonpriority Creditor's Name | Last 4 digits of account number | \$0.00 |
| | PO Box 10587 Greenville, SC 29603 Number Street City State Zip Code | When was the debt incurred? As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.1 | Audit & Adjustment | Last 4 digits of account number | \$0.00 |
| | Nonpriority Creditor's Name 19401 40th Ave. W., Suite 312 Lynnwood, WA 98036 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |

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| Aimee Rene Jackson | | Case number (if known) | |
|---|--|---|-----------|
| Audit & Adjustment | Last 4 digits of account number | | \$0.0 |
| Nonpriority Creditor's Name PO Box 1959 | When was the debt incurred? | | |
| Lynnwood, WA 98046 | _ | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| _ | | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | d alata. | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | a ciaim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharir | og plane, and other similar debte | |
| | — Debts to pension or profit-small | ig plans, and other similal debts | |
| Yes | Other. Specify | | |
| Automated Accounts, Inc. | Last 4 digits of account number | 1330 | \$1,604.0 |
| Nonpriority Creditor's Name 430 West Sharp Ave Spokane, WA 99201 | When was the debt incurred? | Opened 01/15 | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Collection New | Attorney Q-Cash / Wsecu Plus | |
| Automated Accounts, Inc. | Last 4 digits of account number | 1328 | \$868.0 |
| Nonpriority Creditor's Name 430 West Sharp Ave | When was the debt incurred? | Opened 01/15 | |
| Spokane, WA 99201 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | • | , | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| □ Yes | Other. Specify New | Attorney Q-Cash / Wsecu Plus | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Automated Accounts, Inc. | Last 4 digits of account number | 2770 | \$500.0 |
|--|---|--|---------|
| Nonpriority Creditor's Name | _ | 0 100/45 1 1 1 | |
| 430 West Sharp Ave Spokane, WA 99201 | When was the debt incurred? | Opened 02/15 Last Active 1/29/15 | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Collection | Attorney Wsecu Loans New | |
| Automated Accounts, Inc. | Last 4 digits of account number | 1320 | \$424.0 |
| Nonpriority Creditor's Name | | | • |
| 430 West Sharp Ave Spokane, WA 99201 | When was the debt incurred? | Opened 01/15 Last Active 12/23/14 | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | , | or o | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | Other. Specify Collection | Attorney Q-Cash/Wsecu New | |
| Bradley Bosell Jones P.S. | Last 4 digits of account number | | \$0.0 |
| Nonpriority Creditor's Name 13401 Vashon Hwy SW | When was the debt incurred? | | 400 |
| Vashon, WA 98070 | | a. Charle all that apply | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | ъ. Опеск ан triat арріу | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt ls the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ■ Other. Specify Representing | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Bradley Bosell Jones P.S. | Last 4 digits of account number | | \$0.0 |
|--|--|---|---------|
| lonpriority Creditor's Name 3401 Vashon Hwy SW /ashon, WA 98070 | When was the debt incurred? | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| lebt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify | | |
| Calvary Portfolio Services | Last 4 digits of account number | 1649 | \$643.0 |
| Nonpriority Creditor's Name 500 Summit Lake Ste 400 Valhalla, NY 10595 | When was the debt incurred? | Opened 11/12 | |
| Jumber Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| lebt s the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | ■ Other. Specify Collection | Attorney Hsbc Bank Nevada | |
| Capital One Auto Finance | Last 4 digits of account number | 1001 | \$0.0 |
| Nonpriority Creditor's Name Po Box 30285 | When was the debt incurred? | Opened 10/05 Last Active 11/01/08 | |
| Salt Lake City, UT 84130 Number Street City State Zip Code | As of the date you file, the claim | | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| Check if this claim is for a community | Student loans | | |
| debt s the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify Automobile | e | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Cash Advance USA Ltd. | Last 4 digits of account number | \$1,000. |
|---|--|----------|
| Nonpriority Creditor's Name 401 Congress Ave. Suite 1545 | When was the debt incurred? | |
| Austin, TX 78701 | - Acceptate the conflict and the state of th | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify | |
| Cavalry SPV I, LLC | Last 4 digits of account number | \$0. |
| Nonpriority Creditor's Name c/o Suttell & Hammer PS PO Box C-90006 | When was the debt incurred? | |
| Bellevue, WA 98009 Number Street City State Zip Code | - Accepted to the confliction of the standard | |
| Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify | |
| Cavalry SPV, I, LLC | Last 4 digits of account number | \$0. |
| Nonpriority Creditor's Name 500 Summit Lake Drive Suite 400 | When was the debt incurred? | |
| Valhalla, NY 10595-1340 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 2 only Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | Other. Specify | |

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| Cedar River Chiropractic | Last 4 digits of account number | \$49.5 |
|---|---|---------------------|
| Nonpriority Creditor's Name 15301 Maple Valley Hwy Ste. 300 | When was the debt incurred? | |
| Renton, WA 98058 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify | |
| Center for Diagostic Imaging | Last 4 digits of account number | \$16. |
| Nonpriority Creditor's Name PO Box 94624 | When was the debt incurred? | |
| Seattle, WA 98124 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | □ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify | |
| Credit One Bank | | \$135. ⁻ |
| Nonpriority Creditor's Name | Last 4 digits of account number | Ψ133. |
| PO Box 98873 | When was the debt incurred? | |
| Las Vegas, NV 89193 | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | П | |
| Debtor 1 only | Contingent | |
| Debtor 2 only | Unliquidated | |
| Debtor 1 and Debtor 2 only | Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| • | □ Debts to pension or profit-sharing plans, and other similar debts | |
| ■ No | _ | |
| Yes | Other. Specify | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Aimee Rene Jackson | | Case number (if known) | |
|---|--|---|----------|
| Dynamic Collectors Inc | Last 4 digits of account number | | \$0.0 |
| Nonpriority Creditor's Name 790 S. Market Blvd Chehalis, WA 98532 | When was the debt incurred? | | <u> </u> |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | Student loans | | |
| debt s the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |
| Evergreen Professional | Last 4 digits of account number | 5134 | \$174. |
| Nonpriority Creditor's Name | When was the debt incurred? | Opened 12/15 | |
| Attn: Bankruptcy Dept Po Box 666 | when was the dept incurred? | Opened 12/15 | |
| Bothell, WA 98041 | _ | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | on plans, and other similar debts | |
| ■ No | | Attorney Valley Anesthesia | |
| ☐ Yes | Other. Specify Associates | Attorney valley Allestilesia | |
| Fed Loan Serv | Last 4 digits of account number | 0003 | \$0. |
| Nonpriority Creditor's Name | _ | | |
| Pob 60610 Harrisburg, PA 17106 | When was the debt incurred? | Opened 12/05/11 Last Active 1/26/16 | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | Student loans | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | | | |

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| Fed Loan Serv | Last 4 digits of account number | 0002 | \$0.0 |
|---|---|---|----------------|
| Nonpriority Creditor's Name | | Opened 8/18/08 Last Active | |
| Pob 60610 Harrisburg, PA 17106 | When was the debt incurred? | 1/26/16 | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | d alata. | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |
| | Educationa | ıl | |
| Fedloan | Last 4 digits of account number | 0001 | \$0.0 |
| Nonpriority Creditor's Name | _ | 0 1 0/40/00 1 4 4 | |
| Pob 60610 Harrisburg, PA 17106 | When was the debt incurred? | Opened 8/18/08 Last Active 8/01/13 | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |
| | Educationa | ıl | |
| | | | # 700.0 |
| Fingerhut | Last 4 digits of account number | | \$799.2 |
| Nonpriority Creditor's Name PO Box 166 Newark, NJ 07101 | When was the debt incurred? | | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |

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| Fst Premier | Last 4 digits of account number | 7806 | \$225.0 |
|--|---|--|-----------------|
| Nonpriority Creditor's Name | | Opened 01/11 Last Active | |
| 601 S Minneapolis Ave Sioux Falls, SD 57104 | When was the debt incurred? | 10/26/15 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Credit Card | <u> </u> | |
| Genesis FS Card Services | Last 4 digits of account number | | \$452.4 |
| Nonpriority Creditor's Name PO Box 23013 Trenton, TX 75490 | When was the debt incurred? | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify | | |
| Gentle Breeze | Last 4 digits of account number | | \$1,500.0 |
| Nonpriority Creditor's Name | | | 41,00010 |
| 8 Crestwood Road | When was the debt incurred? | | |
| Boulevard, CA 91905 Number Street City State Zip Code | | or Observation Without combine | |
| Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| □Yes | Other. Specify | | |

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| Internal Revenue Service | Last 4 digits of account number | \$0.0 |
|--|---|-------|
| Nonpriority Creditor's Name 915 Second Avenue MS W180 Seattle, WA 98174 | When was the debt incurred? | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| □ Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify | |
| Key Bank National Association | Last 4 digits of account number | \$0.0 |
| Nonpriority Creditor's Name PO Box 94968 | When was the debt incurred? | |
| Cleveland, OH 44101-4968 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | □ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify | |
| LabCorp | Last 4 digits of account number | \$94. |
| Nonpriority Creditor's Name PO Box 2240 | When was the debt incurred? | |
| Burlington, NC 27216 | As of the date were file the plains in O | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| _ | | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Unliquidated | |
| | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and another | Student loans | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| □ Yes | ■ Other. Specify | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Debte | or 1 Aimee Rene Jackson | Case number (if known) | |
|----------|---|--|------------|
| 4.3 | Lane Bryant | Last 4 digits of account number | \$431.64 |
| | Nonpriority Creditor's Name PO Box 659728 San Antonio, TX 78265-9728 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Yes | □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify | |
| 4.3 | LCA Collections | Last 4 digits of account number | \$43.25 |
| <u> </u> | Nonpriority Creditor's Name PO Box 2240 Burlington, NC 27216 Number Street City State Zip Code Who incurred the debt? Check one. | When was the debt incurred? As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? | □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.4 0 | Merchants Credit Association Nonpriority Creditor's Name | Last 4 digits of account number | \$1,340.27 |
| | PO Box 7416 Bellevue, WA 98008 Number Street City State Zip Code Who incurred the debt? Check one. | When was the debt incurred? As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Unliquidated ☐ Disputed | |
| | ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Aimee Rene Jackson | Case number (if known) | |
|--|---|------------|
| NPRTO West, LLC | Last 4 digits of account number | \$0.00 |
| Nonpriority Creditor's Name 256 West Data Drive Draper, UT 84020 | When was the debt incurred? | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| □Yes | Other. Specify | |
| Overlake Hospital Medical Ctr | Last 4 digits of account number | \$1,600.00 |
| Nonpriority Creditor's Name PO Box 3565 Seattle, WA 98124 | When was the debt incurred? | |
| Number Street City State Zip Code Nho incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | Other. Specify | |
| Pacific Medical Inc. | Last 4 digits of account number | \$36.99 |
| Nonpriority Creditor's Name 1801 W. Olympic Blvd | When was the debt incurred? | |
| Pasadena, CA 91199 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| \square Check if this claim is for a community | Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | Other. Specify | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Aimee Rene Jackson Case number (if known) | | | |
|--|---|---|-------------|
| Premier Bankcard LLC | Last 4 digits of account number | | \$0.00 |
| Nonpriority Creditor's Name c/o Rushmore Service Center PO Box 5507 | When was the debt incurred? | | |
| Sioux Falls, SD 57117-5507 | | | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify | | |
| Premier Bankcard, LLC | Last 4 digits of account number | | \$0.00 |
| Nonpriority Creditor's Name PO Box 7999 | When was the debt incurred? | | |
| Saint Cloud, MN 56302 | | in Obselvation | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separe report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharir | ng plans, and other similar debts | |
| ■ No | <u>_</u> | ig plane, and other official debte | |
| | | | |
| Prestige Financial Svc | Last 4 digits of account number | 9970 | \$15,072.00 |
| Attn: Bankruptcy 1420 South 500 West Salt Lake City, UT 84115 | When was the debt incurred? | Opened 06/13 Last Active 5/31/16 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | |
| Is the claim subject to offset? | report as priority claims | | |
| No | ☐ Debts to pension or profit-sharing | | |
| Yes | Other. Specify Automobile | e | |

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| Debt | or 1 Aimee Rene Jackson | | Case number (if known) | |
|----------|--|--|--|------------|
| 4.4 7 | Pro Collect, Inc | Last 4 digits of account number | 2440 | \$1,685.00 |
| | Nonpriority Creditor's Name 12170 N. Abrams Rd, Ste 100 Dallas, TX 75243 | When was the debt incurred? | Opened 1/08/16 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □ Yes | Other. Specify Valley Orth | opedic Surgery Ctr | |
| 4.4 | Pro Collect, Inc | Last 4 digits of account number | 4728 | \$1,678.00 |
| | Nonpriority Creditor's Name 12170 N. Abrams Rd, Ste 100 | When was the debt incurred? | Opened 12/28/15 | <u> </u> |
| | Dallas, TX 75243 Number Street City State Zip Code | As of the date you file, the claim i | s. Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim i | 3. Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharin | • • | |
| | Yes | Other. Specify Valley Orth | opedic Surgery Ctr | |
| 4.4 9 | Pro Collect, Inc | Last 4 digits of account number | 2121 | \$138.00 |
| , | Nonpriority Creditor's Name 12170 N. Abrams Rd, Ste 100 | When was the debt incurred? | Opened 3/26/15 | |
| | Dallas, TX 75243 Number Street City State Zip Code | As of the date you file, the claim i | s. Chack all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim i | 3. Oncor all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Tri Med Am | bulance | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Radia, Inc. PS | Last 4 digits of account number | | \$47.9 |
|---|--|--|-------------|
| Nonpriority Creditor's Name PO Box 34473 Seattle, WA 98124 | When was the debt incurred? | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| lebt s the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |
| Renton Collections | Last 4 digits of account number | | \$272. |
| lonpriority Creditor's Name PO Box 272 Renton, WA 98057 | When was the debt incurred? | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| lebt s the claim subject to offset? | | aration agreement or divorce that you did not | |
| ■ No | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | | |
| ⊒ Yes | Other. Specify Other Specify | | |
| Sallie Mae | | 0418 | \$0. |
| Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ υ. |
| Attn: Navient | | Opened 04/02 Last Active | |
| Po Box 9500 | When was the debt incurred? | 9/03/08 | |
| Wilkes-Barr, PA 18873 Jumber Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Vho incurred the debt? Check one. | , 2 jeu, olum | | |
| | ☐ Contingent | | |
| Debtor 1 only | | | |
| □ Debtor 1 only □ Debtor 2 only | ☐ Unliquidated | | |
| Debtor 2 only | ☐ Unliquidated☐ Disputed☐ | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | _ ` | d claim: | |
| Debtor 2 only | ☐ Disputed | d claim: | |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community | ☐ Disputed Type of NONPRIORITY unsecure Student loans ☐ Obligations arising out of a separations | d claim: aration agreement or divorce that you did not | |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community | ☐ Disputed Type of NONPRIORITY unsecured Student loans | aration agreement or divorce that you did not | |

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| Aimee Rene Jackson | | Case number (if known) | |
|--|---|---|-------|
| Sallie Mae | Last 4 digits of account number | 0418 | \$0.0 |
| Nonpriority Creditor's Name Attn: Navient | | Opened 04/02 Last Active | • |
| Po Box 9500 Wilkes-Barr, PA 18873 | When was the debt incurred? | 8/19/08 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |
| | Educationa | ıl | |
| Sallie Mae | Last 4 digits of account number | 0515 | \$0.0 |
| Nonpriority Creditor's Name Attn: Navient Po Box 9500 | When was the debt incurred? | Opened 05/96 Last Active 12/12/11 | |
| Wilkes-Barr, PA 18873 | | | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | - | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d alaim. | |
| At least one of the debtors and another | _ | a Claim. | |
| ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify | .1 | |
| | Educationa | ll . | |
| Sallie Mae | Last 4 digits of account number | 1118 | \$0.0 |
| Nonpriority Creditor's Name Attn: Navient Po Box 9500 Wilkes-Barr, PA 18873 | When was the debt incurred? | Opened 11/96 Last Active 12/12/11 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| ☐ Check if this claim is for a community | ■ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | <u> </u> | g plans, and other similar debts | |
| No | Debts to pension or profit-snarin | g pians, and other similar debts | |

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| Aimee Rene Jackson | Case number (if known) | |
|--|---|--------|
| Seattle Emergency Physicians | Last 4 digits of account number | \$207. |
| Nonpriority Creditor's Name | | +-3 |
| Services, Inc. P.S. | When was the debt incurred? | |
| PO Box 749741 | | |
| Los Angeles, CA 90074 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify | |
| Sentry Credt | Last 4 digits of account number 2909 | \$288 |
| Nonpriority Creditor's Name | - | |
| Po Box 12070 | When was the debt incurred? Opened 10/17/13 | |
| Everett, WA 98206 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| ■ Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | □ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify 10 Puget Sound Energy | |
| Speedy Cash | Last 4 digits of account number | \$850. |
| Nonpriority Creditor's Name | Last 4 digits of account number | Ψ000. |
| 1311 Harrison Ave. Centralia, WA 98531 | When was the debt incurred? | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| \square Check if this claim is for a community | Student loans | |
| debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| □ Yes | | |

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| Stellar Recovery Inc | Last 4 digits of account number | 6214 | \$235.0 |
|--|---|---|--------------|
| Nonpriority Creditor's Name Attn: Bankruptcy 4500 Salisbury Road Ste 105 Jackonville, FL 32216 | When was the debt incurred? | Opened 01/17 | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Collection | Attorney Century Link | |
| Stellar Recovery Inc. | Last 4 digits of account number | | \$0. |
| Nonpriority Creditor's Name 4500 Salisbury Road Suite 10 | When was the debt incurred? | | |
| Jacksonville, FL 32216 | | | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | o plans, and other similar debts | |
| □ Yes | Other. Specify | | |
| Swedish | | | \$449. |
| Nonpriority Creditor's Name | Last 4 digits of account number | | Ф449. |
| 747 Broadway Seattle, WA 98122 | When was the debt incurred? | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify | | |

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| Aimee Rene Jackson | | | |
|--|--|---|----------|
| Synchrony Bank | Last 4 digits of account number | 1400 | \$0.0 |
| Nonpriority Creditor's Name | _ | On an all 40/00/00 Last Astissa | |
| Po Box 965060 Orlando, FL 32896 | When was the debt incurred? | Opened 12/23/96 Last Active 10/23/08 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Charge Acc | count | |
| Synchrony Bank/ JC Penneys | Last 4 digits of account number | 8631 | \$0. |
| Nonpriority Creditor's Name Attn: Bankruptcy | | Opened 10/17/96 Last Active | · |
| Po Box 956060 Orlando, FL 32896 | When was the debt incurred? | 5/01/98 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Charge Acc | count | |
| T-Mobile | Last 4 digits of account number | | \$1,000. |
| Nonpriority Creditor's Name PO Box 742596 | When was the debt incurred? | | |
| Cincinnati, OH 45274 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Debtor | otor 1 Aimee Rene Jackson Case number (if known) | | | | | |
|---|---|--|--|-------------|--|--|
| 4.6 5 | Through the Country Door | Last 4 digits of account number | | \$508.73 | | |
| | Nonpriority Creditor's Name 1112 7th Avenue Monroe, WI 53566 | When was the debt incurred? | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify | | | | |
| 4.6 6 | US Bank/Rms CC | Last 4 digits of account number | 6699 | \$307.00 | | |
| _ | Nonpriority Creditor's Name Card Member Services Po Box 108 St Louis MO 53166 | When was the debt incurred? | Opened 11/16 Last Active 4/14/17 | | | |
| St Louis, MO 63166 Number Street City State Zip Code | | As of the date you file, the claim | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | Contingent | | | | |
| | Debtor 2 only | Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | d alatan | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | a ciaim: | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | ☐ Yes | Other. Specify Credit Line | | | | |
| 4.6 | Us Dept Ed | Last 4 digits of account number | 1634 | \$11,698.00 | | |
| 7 | Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ11,000.00 | | |
| | Ecmc/Bankruptcy Po Box 16408 | When was the debt incurred? | Opened 12/11 Last Active 2/09/17 | | | |
| | St Paul, MN 55116 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | |
| | _ | ☐ Contingent | | | | |
| | | | | | | |
| | Debtor 2 only | ` | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | | | | |
| | At least one of the debtors and another | Student loans | | | | |
| | ☐ Check if this claim is for a community debt | _ | ration agreement or diverse that did and | | | |
| debt | | | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | □Yes | Other. Specify | | | | |
| | | Educationa | ıl | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 23 of 28

| Aimee Rene Jackson | | | |
|--|---|---|-----------|
| Us Dept Ed | Last 4 digits of account number | 4047 | \$7,131.0 |
| Nonpriority Creditor's Name Ecmc/Bankruptcy Po Box 16408 | When was the debt incurred? | Opened 08/08 Last Active 2/09/17 | |
| St Paul, MN 55116 Number Street City State Zip Code | is: Check all that apply | | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |
| | Educationa | al | |
| Us Dept Ed Nonpriority Creditor's Name | Last 4 digits of account number | 7963 | \$6.0 |
| Ecmc/Bankruptcy Po Box 16408 | When was the debt incurred? | Opened 08/08 Last Active 2/12/16 | |
| St Paul, MN 55116 Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | Пол | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| At least one of the debtors and another | Student loans | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| □ Yes | Other. Specify | g p , | |
| - 103 | Educationa | al | |
| US Dept of Education | Last 4 digits of account number | 2999 | \$0.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 16448 | When was the debt incurred? | Opened 12/05/11 Last Active 5/03/13 | |
| Saint Paul, MN 55116 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ Deptor 1 and Deptor 2 only ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt | ☐ Obligations arising out of a sepa | | |
| s the claim subject to offset? | report as priority claims | | |
| No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| 1 Aimee Rene Jackson | | Case number (if known) | | | |
|--|--|---|------------|--|--|
| US Dept of Education | Last 4 digits of account number | 4799 | \$0.00 | | |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 16448 Saint Paul, MN 55116 | When was the debt incurred? | Opened 8/18/08 Last Active 5/03/13 | • | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | | | | | |
| Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| ☐ Check if this claim is for a community | Student loans | | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | | | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| ☐ Yes | ☐ Other. Specify | | | | |
| | Educationa | l | | | |
| US Dept of Education Nonpriority Creditor's Name | Last 4 digits of account number | 8941 | \$0.00 | | |
| Attn: Bankruptcy Po Box 16448 | When was the debt incurred? | Opened 8/18/08 Last Active 9/30/11 | | | |
| Saint Paul, MN 55116 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | | | | |
| Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| ☐ Check if this claim is for a community | Student loans | | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | | | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| ☐ Yes | Other. Specify | | | | |
| | Educationa | <u>I</u> | | | |
| Washington State Employees CU Nonpriority Creditor's Name | Last 4 digits of account number | 0003 | \$1,604.00 | | |
| Attn: Member Solutions Po Box Wsecu | When was the debt incurred? | Opened 08/14 Last Active 10/10/14 | | | |
| Olympia, WA 98507 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | | | |
| Is the claim subject to offset? | report as priority claims | | | | |
| ■ No | Debts to pension or profit-sharin | | | | |
| Yes | Other. Specify Unsecured | | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Washington State Employees CU | Last 4 digits of account number | 0006 | \$868.00 |
|---|---|--|-------------|
| Nonpriority Creditor's Name Attn: Member Solutions | - · · | Opened 10/14 Last Active | |
| Po Box Wsecu | When was the debt incurred? | 1/31/15 | |
| Olympia, WA 98507 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Unsecured | | |
| Washington State Employees CU | Last 4 digits of account number | 0002 | \$500.00 |
| Nonpriority Creditor's Name Attn: Member Solutions Po Box Wsecu | When was the debt incurred? | Opened 06/14 Last Active 9/25/14 | |
| Olympia, WA 98507 Number Street City State Zip Code | As of the date you file, the claim i | s. Chook all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the claim i | э. Спеск ан тас арргу | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other. Specify Check Cred | lit Or Line Of Credit | |
| Washington State Employees CU | Last 4 digits of account number | 0005 | \$424.00 |
| Nonpriority Creditor's Name | | | |
| Attn: Member Solutions Po Box Wsecu Olympia, WA 98507 | When was the debt incurred? | Opened 09/14 Last Active 1/31/15 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Unsecured | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Washington State Employees CU | Last 4 digits of account number | 0009 | \$317.0 |
|---|--|---|---------|
| Nonpriority Creditor's Name Attn: Member Solutions Po Box Wsecu | When was the debt incurred? | Opened 06/14 Last Active 12/31/14 | |
| Olympia, WA 98507 Number Street City State Zip Code | As of the date you file, the claim i | is: Chack all that annly | |
| Who incurred the debt? Check one. | As of the date you me, the damin | o. Oneok ali tilat apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sena | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | ration agreement of avoice that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Deposit Re | lated | |
| Westlake Financial Srvs | Last 4 digits of account number | 0218 | \$0.0 |
| Nonpriority Creditor's Name | | | |
| Customer Care | | Opened 1/30/10 Last Active | |
| Po Box 76809 | When was the debt incurred? | 12/17/10 | |
| Los Angeles, CA 90054 Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Automobile | 9 | |
| WSECU | l d d dimits of | | \$0.0 |
| Nonpriority Creditor's Name PO Box WSECU | Last 4 digits of account number When was the debt incurred? | | φυ. |
| Olympia, WA 98507 | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | _ | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| 4.8 | |
|-----|--|
| Λ | |

| 8 Xfinity | Last 4 digits of account number | \$445.29 |
|---|---|----------|
| Nonpriority Creditor's Name fdba Comcast | When was the debt incurred? | |
| PO Box 34744 Seattle, WA 98124-1744 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | 3 | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | - | Total Claim |
|-----------------------|-----|---|-----|--------|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total | | | | · | |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ ——— | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | | | | | |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | | |
| | | | | - | Total Claim |
| | 6f. | Student loans | 6f. | \$ | 18,835.00 |
| Total claims | | | | | |
| rom Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that | | | 0.00 |
| | | you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 63,985.64 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 82,820.64 |

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| Fill in this infor | mation to identify your | case: | | |
|------------------------|--------------------------|--------------------|---------------|--------------------------------------|
| Debtor 1 | Aimee Rene Jack | son | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT (| OF WASHINGTON | |
| Case number (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Woodlake Apartments
11400 N.E. 132nd Street
Apt. G101
Kirkland, WA 98034

State what the contract or lease is for
One year residential lease. Expires July 2019.

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

| Fill in th | is information to identify your | case: | | | |
|--------------------------|--|--|-----------------------|--|---|
| Debtor 1 | Aimee Rene Jack | son | | | |
| Dobtor 0 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, | | Middle Name | Last Name | | |
| United S | states Bankruptcy Court for the: | WESTERN DISTRICT OF | WASHINGTON | | |
| Case nu | mber | | | | |
| (if known) | | | | | Check if this is an amended filing |
| | . = | | | | amonada ming |
| | al Form 106H | | | | |
| <u>Sche</u> | dule H: Your Cod | ebtors | | | 12/15 |
| fill it out, your nan | | boxes on the left. Attach the Answer every question. | he Additional Page t | o this page. On the to | needed, copy the Additional Page, p of any Additional Pages, write |
| □N | 10 | , | · | | |
| ■ Y | | | | | |
| Arizo | Vithin the last 8 years, have you ona, California, Idaho, Louisiana, | | | | |
| _ | lo. Go to line 3. | | ٥ نامان | | |
| ■ Y | es. Did your spouse, former spou | use, or legal equivalent live w | with you at the time? | | |
| | ■ No | | | | |
| | ☐ Yes. | | | | |
| | In which community state | e or territory did you live? | -NONE- | . Fill in the name a | nd current address of that person. |
| | Name of your spouse, former spo Number, Street, City, State & Zip | | | | |
| in li: For: | ne 2 again as a codebtor only i | f that person is a guaranto | r or cosigner. Make | sure you have listed t | g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Zi | P Code | | Column 2: The cre Check all schedul | editor to whom you owe the debt es that apply: |
| 3.1 | Sonja Ramsey | | | ☐ Schedule D, I | ine |
| 0.1 | Address Unknown | | | ■ Schedule E/F | |
| | Mukilteo, WA | | | ☐ Schedule G _ | |
| | | | | AmeriCredit/GN | // Financial |

Schedule H: Your Codebtors

| | in this information to | o identify your ca | | | | | - | | | | |
|-------------|--|---|--|----------------------------------|--------------|-------|--------------------------|------------------------|--------------|----------------------------------|----------|
| | otor 2 buse, if filing) | | | | | _ | | | | | |
| Uni | ted States Bankrup | tcy Court for the | : WESTERN DISTRICT | OF WASHINGTON | I | | | | | | |
| | se number | | | | | | ☐ An | | nt showin | g postpetition ollowing date: | chapter |
| 0 | fficial Form | 106I | | | | | MN | M / DD/ Y | YYY | | |
| S | chedule I: ` | Your Inc | ome | | | | | | | | 12/15 |
| spo atta | use. If you are sep ch a separate shee | earated and you et to this form. e Employment | are married and not filing wing the spouse is not filing wing wing the top of any additi | ith you, do not incl | ude infor | mati | on about y d case nur | your spo mber (if k | use. If mo | ore space is | needed, |
| | If you have more | than one job, | | ■ Employed | | | | ☐ Emplo | yed | | |
| | attach a separate information about | | Employment status | ☐ Not employed | | | | □ Not en | nployed | | |
| | employers. | | Occupation | Medical Assist | ant | | | | | | |
| | Include part-time, self-employed wo | | Employer's name | Evergreen Hea | lth | | | | | | |
| | Occupation may in or homemaker, if | | Employer's address | 12040 NE 128th Kirkland, WA 9 | | | | | | | |
| | | | How long employed t | here? 5 Mon | ths | | | _ | | | |
| Par | t 2: Give Det | tails About Mor | nthly Income | | | | | | | | |
| | mate monthly incouse unless you are s | | ate you file this form. If | you have nothing to | report for | any | line, write | \$0 in the | space. Inc | clude your noi | n-filing |
| | u or your non-filing e space, attach a se | | ore than one employer, co | ombine the information | on for all e | emple | oyers for th | nat persor | n on the lii | nes below. If y | ou need |
| | | | | | | | For Debt | tor 1 | | btor 2 or ng spouse | |
| 2. | | | ry, and commissions (b calculate what the monthl | | 2. | \$ | 4,3 | 337.19 | \$ | N/A | |
| 3. | Estimate and list | t monthly overt | ime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross | Income. Add lir | ne 2 + line 3. | | 4. | \$ | 4,337 | 7.19 | \$ | N/A | |

Official Form 106l Schedule I: Your Income page 1

| | | | | For | Debtor 1 | | btor 2 or | |
|-----|-----------------|---|--------|------------|------------|-------------|---------------------|-----------------|
| | Copy | y line 4 here | 4. | \$ | 4,337.19 | | N/A | ı |
| 5. | List | all payroll deductions: | | | | | | • |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 580.62 | \$ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$_ | 173.49 | \$ | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | N/A | |
| | 5e. | Insurance | 5e. | \$ | 397.87 | | N/A | - |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | | N/A | - |
| | 5g. | Union dues | 5g. | \$ | 0.00 | \$ | N/A | |
| | 5h. | Other deductions. Specify: Cafeteria | 5h.+ | \$ | 98.39 | + \$ | N/A | • |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 1,250.37 | \$ | N/A | |
| 7. | Calc | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 3,086.82 | \$ | N/A | |
| 8. | List a 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | N/A | |
| | 8b. | Interest and dividends | 8b. | \$_ | 0.00 | \$ | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | | · <u> </u> | | | | |
| | | settlement, and property settlement. | 8c. | \$_ | 780.00 | . \$ | N/A | |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | | N/A | |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | N/A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.00 | \$ | N/A | |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$ | N/A | • |
| | 8h. | Other monthly income. Specify: | 8h.+ | \$ | 0.00 | + \$ | N/A | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 780.00 | \$ | N/A | <u>\</u> |
| 10. | | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | | 3,866.82 + | 1 | N/A = \$ | 3,866.82 |
| 11. | Inclu- other | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not sify: | depen | • | | | edule J. 11. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | ta. if it | 12. \$ | 3,866.82 |
| 13. | _ ` | ou expect an increase or decrease within the year after you file this form | ? | | | | Combin | ned y income |
| | | No. | | | | | | |

Official Form 106l Schedule I: Your Income page 2

| | in this informat | tion to identify yo | ur case: | | | | | | |
|-------------|---------------------------------|--------------------------------------|------------------|---|--------------------------|----------------|--------------------|-------------------------------|-------|
| Deb | tor 1 | Aimee Rene | Jackson | | | Checl | c if this is: | | |
| | | | | | | | An amended filing | | |
| | tor 2 | | | | | _ | | ving postpetition chapte | r |
| (Spc | ouse, if filing) | | | | | , | 13 expenses as of | the following date: | |
| Unite | ed States Bankru | uptcy Court for the: | WESTE | ERN DISTRICT OF WAS | SHINGTON | 1 | MM / DD / YYYY | | |
| Case | e numbe r | | | | | | | | |
| (If kr | nown) | | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | | |
| Sc | chedule | J: Your E | Exper | 1999 | | | | 13 | 2/15 |
| | | | | If two married people | are filing together, he | oth are equa | lly responsible fo | | ., 13 |
| info | ormation. If me | | eded, atta | ch another sheet to th | | | | | |
| Pari | t 1: Descri | ibe Your House | hold | | | | | | |
| 1. | Is this a join | | iioiu | | | | | | |
| | ■ No. Go to | | | | | | | | |
| | | | n a sanar | ate household? | | | | | |
| | | | ii a sepai | ate nousenoid: | | | | | |
| | | | . Cl O(C) | -1 F 400 LO F | | | 0 | | |
| | ⊔ Y€ | es. Debtor 2 mus | t file Offici | al Form 106J-2, Expens | ses for Separate House | ehold of Debto | or 2. | | |
| 2. | Do you have | dependents? | □ No | | | | | | |
| | Do not list De Debtor 2. | ebtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relation | | Dependent's age | Does dependent live with you? | |
| | D | 41 | | | | | | □ No | |
| | Do not state to dependents r | | | | Son | | 15 | ■ Yes | |
| | шоропиотто . | | | | | | | □ No | |
| | | | | | | | | ☐ Yes | |
| | | | | | | | | □ No | |
| | | | | | | | | ☐ Yes | |
| | | | | | | | | □ No | |
| | | | | | | | | ☐ Yes | |
| 3. | Do your exp | enses include | | No | - | | | | |
| | | people other the your depender | nan $_{\square}$ | Yes | | | | | |
| Part | t 2: Estima | ate Your Ongoir | na Month | v Expenses | | | | | |
| Esti exp | imate your ex | penses as of yo | ur bankr | uptcy filing date unless y is filed. If this is a su | | | | | |
| αρρ | oncable date. | | | | | | | | |
| | | | | government assistance | | | | | |
| | value of such ficial Form 10 | | nave inc | cluded it on Schedule I | : Your Income | | Your expe | enses | |
| (011 | ilolai i olili io | 01.) | | | | | | | |
| 4. | | r home ownersh d any rent for the | | ses for your residence or lot. | . Include first mortgage | e 4. \$ | | 1,616.00 | |
| | If not include | ed in line 4: | | | | | | | |
| | 4a. Real e | state taxes | | | | 4a. \$ | | 0.00 | |
| | | ty, homeowner's | , or renter | 's insurance | | 4b. \$ | | 0.00 | |
| | • | • | | pkeep expenses | | 4c. \$ | | 0.00 | |
| | | owner's associati | | | | 4d. \$ | | 0.00 | |
| 5. | Additional m | nortgage payme | ents for yo | our residence, such as | home equity loans | 5. \$ | | 0.00 | |

| _ | Aimee R | ene Jackson | | Case num | ber (if known) | |
|------|--|--|--|--|--|---|
| itie | es: | | | | | |
| | Electricity, | heat, natural gas | | 6a. | \$ | 140.00 |
| | Water, sev | ver, garbage collection | | 6b. | \$ | 150.00 |
| | Telephone | , cell phone, Internet, satellite, and | cable services | 6c. | \$ | 350.00 |
| | Other. Spe | cify: Parking | | 6d. | \$ | 25.00 |
| | | _ | | | \$ | 800.00 |
| | | | | 8. | \$ | 0.00 |
| | | | | | · | 200.00 |
| | - | | | | · | 200.00 |
| | • | | | | | 200.00 |
| | | • | rain fare | | <u> </u> | 200.00 |
| | • | • | rain faic. | 12. | \$ | 200.00 |
| | | | agazines, and books | 13. | \$ | 100.00 |
| | | | <u> </u> | 14. | \$ | 0.00 |
| | | aono ana rongrouo aonanon | | | <u> </u> | 0.00 |
| | | surance deducted from your pay or | included in lines 4 or 20. | | | |
| | | , , , | | 15a. | \$ | 0.00 |
| | Health ins | ırance | | 15b. | \$ | 0.00 |
| | Vehicle ins | surance | | 15c. | \$ | 0.00 |
| | | | | | · | 0.00 |
| | | . , | v or included in lines 4 or 20 | | | 0.00 |
| | | siddo taxoo doddotod irom your pa | y 61 moradou m miles 1 61 26. | 16. | \$ | 0.00 |
| | | ase payments: | | | · | |
| | | | | 17a. | \$ | 0.00 |
| | Car payme | ents for Vehicle 2 | | 17b. | \$ | 0.00 |
| | Other, Spe | cifv: | | 17c. | \$ | 0.00 |
| | | - | | | · | 0.00 |
| | • | · · · · · · · · · · · · · · · · · · · | pport that you did not report as | | | <u> </u> |
| | | | | | \$ | 0.00 |
| | | | | | \$ | 0.00 |
| cif | fy: | | | 19. | | |
| er | real prop | erty expenses not included in lin | es 4 or 5 of this form or on Sche | dule I: Yo | our Income. | |
| | Mortgages | on other property | | 20a. | \$ | 0.00 |
| | Real estat | e taxes | | 20b. | \$ | 0.00 |
| | Property, I | nomeowner's, or renter's insurance | | 20c. | \$ | 0.00 |
| | Maintenan | ce, repair, and upkeep expenses | | 20d. | \$ | 0.00 |
| | Homeown | er's association or condominium du | es | 20e. | \$ | 0.00 |
| er | : Specify: | | | 21. | +\$ | 0.00 |
| | | | | | | |
| | • | • • | | | | |
| | | 9 | | | | 3,981.00 |
| . C | Copy line 2: | 2 (monthly expenses for Debtor 2), | if any, from Official Form 106J-2 | | \$ | |
| . A | dd line 22a | a and 22b. The result is your month | nly expenses. | | \$ | 3,981.00 |
| | | - | | | | , |
| | | | Marine Oak a deda I | | Φ. | |
| | | | | | | 3,866.82 |
| | Copy your | monthly expenses from line 22c at | pove. | 23b. | -\$ | 3,981.00 |
| | O de la | | and the Common | | | |
| | • | , , | ontniy income. | 230 | \$ | -114.18 |
| | rne result | is your <i>montnly net income</i> . | | 200. | | |
| νo | u expect a | n increase or decrease in your e | xpenses within the year after vo | u file this | s form? | |
| exa | ample, do yo | u expect to finish paying for your car loa | in within the year or do you expect your | mortgage | payment to increase | or decrease because of a |
| | | | • • • | ' | | |
| No. | | | | | | |
| Ye: | S. | Explain here: | | | | |
| | od Idhthasician od Idhthasicia | ities: Electricity, Water, sew Telephone Other. Spee od and house Idcare and c thing, laundr sonal care p dical and der nsportation. not include caertainment, of aritable contr urance. not include in: Life insural Health insu. Vehicle insu Car payme Car payments Iucted from y Increase in Mortgages Real estate Property, h Maintenan Homeowne Increase in Mortgages Car payments Iucted from y Increase in Mortgages Iucted from y Iuct | Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and Other. Specify: Parking Id and housekeeping supplies Idcare and children's education costs thing, laundry, and dry cleaning sonal care products and services dical and dental expenses Insportation. Include gas, maintenance, bus or the not include car payments. In ertainment, clubs, recreation, newspapers, maritable contributions and religious donations urance. In the linsurance I Health insurance I Health insura | ities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other, Specify: Parking of and housekeeping supplies Idcare and children's education costs thing, laundry, and dry cleaning sonal care products and services Idical and dental expenses not include car payments. ertainment, clubs, recreation, newspapers, magazines, and books aritable contributions and religious donations urance. Iclie insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Health insurance. Other insurance. Cother insurance. Specify: Les. Do not include taxes deducted from your pay or included in lines 4 or 20. city: Lallment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Ir payments of allimony, maintenance, and support that you did not report as lucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Ler payments you make to support others who do not live with you. Lefty: Les and payments you make to support others who do not live with you. Lefty: Les and payments you make to support others who do not live with you. Lefty: | ities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: Parking dd and housekeeping supplies Jd and housekeeping supplies Gdare and children's education costs thing, laundry, and dry cleaning sonal care products and services Incideal and dental expenses Insportation. Include gas, maintenance, bus or train fare. Incit include car payments. Incit include car payments. Incit include care payments. Incit include insurance deducted from your pay or included in lines 4 or 20. Life insurance Incit include insurance deducted from your pay or included in lines 4 or 20. Life insurance Incit include insurance specify: Incit insurance Incit ins | Ities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: Parking dand housekeeping supplies Telephone, cell phone, Internet, satellite, and cable services Other. Specify: Parking dand housekeeping supplies T, \$ Idd and Andread services Idd an |

| Debtor 1 Aimee Rene Jackson Pirst Name Middle Name Last Name Debtor 2 (Scouse if, thing) Pirst Name Middle Name Last Name United States Bankruptcy Court for the: WESTERN DISTRICT OF WASHINGTON Case number (It known) Official Form 106Dec Declaration About an Individual Debtor's Schedules If two married people are filling together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Aimee Rene Jackson Signature of Debtor 1 Date April 2, 2019 Date | Debtor 1 Aimee Rene Jackson | FIII III UIIS IIIIOI | | | | |
|---|--|---|--|----------------------------|---|---|
| Debtor 2 (Spouse if, filing) Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: WESTERN DISTRICT OF WASHINGTON Case number ((If known)) Case number ((If known)) Check if this is an amended filing Official Form 106Dec Declaration About an Individual Debtor's Schedules 12/15 If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /S/ Almee Rene Jackson Signature of Debtor 1 | Pebtor 2 Spouse #, filling First Name Middle Name Last Name | Debtor 1 | | | | |
| United States Bankruptcy Court for the: WESTERN DISTRICT OF WASHINGTON Case number ((I known)) Official Form 106Dec Declaration About an Individual Debtor's Schedules If two married people are filling together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filled with this declaration and that they are true and correct. X /s/ Aimee Rene Jackson Aimee Rene Jackson Signature of Debtor 1 | United States Bankruptcy Court for the: WESTERN DISTRICT OF WASHINGTON Case number Check if this is an amended filing Official Form 106Dec Declaration About an Individual Debtor's Schedules 12/15 If two married people are filling together, both are equally responsible for supplying correct information. From married people are filling together, both are equally responsible for supplying correct information. From married people are filling together, both are equally responsible for supplying correct information. From married people are filling together, both are equally responsible for supplying correct information. From married people are filling together, both are equally responsible for supplying correct information. From married filing In two married people are filling together, both are equally responsible for supplying correct information. From married filing In two married people are filling together, both are equally responsible for supplying correct information. From married filing In two married people are filling together, both are equally responsible for supplying correct information. From married filing In two married filing In two married filing In the ma | | | | Last Name | |
| United States Bankruptcy Court for the: WESTERN DISTRICT OF WASHINGTON Case number (#known) Check if this is an amended filing Official Form 106Dec Declaration About an Individual Debtor's Schedules 12/15 If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Aimee Rene Jackson Signature of Debtor 1 | United States Bankruptcy Court for the: WESTERN DISTRICT OF WASHINGTON Case number (It known) Case number (It known) Case number (It known) Case number (It known) Case number Case numbe | | | Add to the Add | L (N | |
| Case number (It known) Case number (It known) Check if this is an amended filling 12/15 It wo married people are filling together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X Is/ Aimee Rene Jackson Aimee Rene Jackson Signature of Debtor 1 | Case number Check if this is an amended filing | (Spouse if, filing) | First Name | Middle Name | Last Name | |
| Official Form 106Dec Declaration About an Individual Debtor's Schedules 12/15 If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X Isl Aimee Rene Jackson Signature of Debtor 1 | Check if this is an amended filing | United States Ba | ankruptcy Court for the | : WESTERN DISTRICT | OF WASHINGTON | |
| Declaration About an Individual Debtor's Schedules If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Aimee Rene Jackson Signature of Debtor 1 | Declaration About an Individual Debtor's Schedules f two married people are filing together, both are equally responsible for supplying correct information. four must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 lears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Aimee Rene Jackson Signature of Debtor 1 | | | | | |
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| Vou must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 plears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Aimee Rene Jackson Signature of Debtor 1 | Vou must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 plears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Aimee Rene Jackson Signature of Debtor 1 | | | | | |
| Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Aimee Rene Jackson Signature of Debtor 1 Sign Below No Signature of Debtor 2 Signature of Debtor 2 | Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Aimee Rene Jackson Signature of Debtor 1 Sign Below No Signature of Debtor 2 Signature of Debtor 2 | two married pe | eople are filing togetl | her, both are equally resp | onsible for supplying correct i | nformation. |
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Aimee Rene Jackson Aimee Rene Jackson Signature of Debtor 1 | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Aimee Rene Jackson Aimee Rene Jackson Signature of Debtor 1 | btaining money | y or property by fraud | d in connection with a bar | | |
| ■ No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Aimee Rene Jackson Aimee Rene Jackson Signature of Debtor 1 | ■ No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Aimee Rene Jackson Aimee Rene Jackson Signature of Debtor 1 | | | | | |
| Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Aimee Rene Jackson Aimee Rene Jackson Signature of Debtor 1 | Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Aimee Rene Jackson Aimee Rene Jackson Signature of Debtor 1 | ŭ | | | | |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Aimee Rene Jackson Aimee Rene Jackson Signature of Debtor 1 Declaration, and Signature (Official Form 119) X /s/ Signature of Debtor 2 | Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Aimee Rene Jackson Aimee Rene Jackson Signature of Debtor 1 Declaration, and Signature (Official Form 119) X /s/ Signature of Debtor 2 | ŭ | | neone who is NOT an atto | orney to help you fill out bankr | ruptcy forms? |
| that they are true and correct. X /s/ Aimee Rene Jackson Aimee Rene Jackson Signature of Debtor 1 X Signature of Debtor 2 | that they are true and correct. X /s/ Aimee Rene Jackson Aimee Rene Jackson Signature of Debtor 1 X Signature of Debtor 2 | Did you pa | | neone who is NOT an atto | orney to help you fill out bankr | ruptcy forms? |
| Aimee Rene Jackson Signature of Debtor 2 | Aimee Rene Jackson Signature of Debtor 2 | Did you pa ■ No | ay or agree to pay sor | neone who is NOT an atto | orney to help you fill out bankr | Attach Bankruptcy Petition Preparer's Notice |
| Aimee Rene Jackson Signature of Debtor 2 | Aimee Rene Jackson Signature of Debtor 2 | Did you pa ■ No □ Yes. N | Name of person | | | Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 11 |
| Date April 2, 2019 Date | Date _April 2, 2019 Date | Did you pa | Name of person alty of perjury, I declare true and correct. | | nmary and schedules filed wit | Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 11 |
| | | Did you pa | Name of person alty of perjury, I declare true and correct. nee Rene Jackson Rene Jackson | | nmary and schedules filed wit | Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 11 th this declaration and |
| | | Did you part No No Yes. No Under pena that they are X /s/ Aimee Signature | Name of person Alty of perjury, I declare true and correct. Ree Rene Jackson Rene Gebtor 1 | | nmary and schedules filed wit X Signature of Debte | Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 11 th this declaration and |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

| Fill | in this inform | ation to identify you | r case: | | | | | |
|-------------------|----------------------------|----------------------------|---|--------------|-------------------------------------|---------------------|-------------|---|
| De | btor 1 | Aimee Rene Jac | kson | | | | | |
| D- | h.t O | First Name | Middle Name | La | st Name | | | |
| 1 | btor 2 ouse if, filing) | First Name | Middle Name | La | st Name | | | |
| Un | ited States Ban | kruptcy Court for the: | WESTERN DISTRICT C | OF WASHI | NGTON | | | |
| Ca | se number | | | | | | | |
| | nown) | | | | | | | heck if this is an mended filing |
| \sim | Kiaial Fam | 107 | | | | | | |
| | ficial For atement | | Affairs for Indivi | iduals | Filing for E | Bankruptcy | | 4/19 |
| Be a | as complete a | nd accurate as poss | ible. If two married people , attach a separate sheet to | are filing | together, both are | e equally responsil | | |
| Pa | rt 1: Give De | etails About Your M | arital Status and Where Yo | u Lived B | efore | | | |
| 1. | What is your | current marital stat | us? | | | | | |
| | ☐ Married | | | | | | | |
| | ■ Not marr | ried | | | | | | |
| 2. | During the la | st 3 years, have you | lived anywhere other than | n where yo | u live now? | | | |
| | □ No | | | | | | | |
| | | all of the places you | lived in the last 3 years. Do i | not include | where you live nov | W. | | |
| | | , , | ŕ | | • | | | Datas Dahtas G |
| | Debtor 1 Pri | or Address: | Dates Debtor ' lived there | 1 | Debtor 2 Prior A | ddress: | | Dates Debtor 2 lived there |
| | 1402 Harrir Renton, W | ngton Ave. S.E. A 98058 | From-To: 2013 - July 2 | 017 | ☐ Same as Debtor | 1 | | ☐ Same as Debtor 1 From-To: |
| | 3613 S.E. 6 Renton, W | | From-To: July 2017 - J 2018 | uly | ☐ Same as Debtor | 1 | | Same as Debtor 1 From-To: |
| 3. stat | | | ver live with a spouse or le alifornia, Idaho, Louisiana, N | | | | | |
| | ■ No | | | | | | | |
| | ☐ Yes. Mal | ke sure you fill out Sc | hedule H: Your Codebtors (C | Official For | n 106H). | | | |
| Pa | rt 2 Explain | n the Sources of You | ır Income | | | | | |
| 4. | Fill in the total | I amount of income yo | mployment or from operation received from all jobs and have income that you recei | l all busine | sses, including part | t-time activities. | vious calen | dar years? |
| | □ No | | | | | | | |
| | Yes. Fill | in the details. | | | | | | |
| | | | Debtor 1 | | | Debtor 2 | | |
| | | | Sources of income Check all that apply. | | income e deductions and ions) | Sources of inco | | Gross income (before deductions and exclusions) |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

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Best Case Bankruptcy

| | | Dalifari 4 | | Dalitano | |
|---------------------------------|---|--|--|--|---|
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | / 1 of current year until filed for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$14,027.00 | ☐ Wages, commissions, bonuses, tips | |
| | | ☐ Operating a business | | ☐ Operating a business | |
| For last calen (January 1 to | dar year: December 31, 2018) | ■ Wages, commissions, bonuses, tips | \$51,251.00 | ☐ Wages, commissions, bonuses, tips | |
| | | ☐ Operating a business | | ☐ Operating a business | |
| | dar year before that: December 31, 2017) | ■ Wages, commissions, bonuses, tips | \$40,092.00 | ☐ Wages, commissions, bonuses, tips | |
| | | ☐ Operating a business | | ☐ Operating a business | |
| List each s | , , , | | you received together, list it o | • | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) |
| | / 1 of current year until filed for bankruptcy: | Child Support | \$3,120.00 | | |
| For last calen (January 1 to | dar year: December 31, 2018) | Child Support & Cashed in 401(k) | \$11,360.00 | | |
| | dar year before that: December 31, 2017) | Child Support | \$9,360.00 | | |
| | | | | | |
| Part 3: List | Certain Payments You | Made Before You Filed for | Bankruptcy | | |
| 6. Are either ☐ No. | Neither Debtor 1 nor D | s debts primarily consume ebtor 2 has primarily consu personal, family, or househo | umer debts. Consumer debts | s are defined in 11 U.S.C. § 1 | 01(8) as "incurred by an |
| | | • | d you pay any creditor a total | of \$6,825* or more? | |
| | □ No. Go to line 7 | | , | , | |
| | paid that cre not include | editor. Do not include paymer payments to an attorney for the | d a total of \$6,825* or more in this for domestic support oblights bankruptcy case. It is bankruptcy cases filed on | ations, such as child support | and alimony. Also, do |
| | Subject to adjustifiering | . Sir -//O I/22 and every 3 year | s and that for cases filed Off | or and the date of adjustifier | 14. |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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| | tor 1 Ai | mee Rene | Jackson | | Cas | se number (if known) | |
|-------------|--|---|---|--|--|--|--|
| | ■ Yes. | | | ave primarily consumer of led for bankruptcy, did you | | al of \$600 or more? | ? |
| | | . | 0 7 | | | | |
| | | ■ No. □ Yes | | r domestic support obligation | | | you paid that creditor. Do not Also, do not include payments to a |
| | Creditor' | 's Name and | d Address | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
| | Insiders in of which y a business alimony. | nclude your i ou are an of s you operat | elatives; any general ficer, director, person te as a sole proprietor | in control, or owner of 20% | eneral partners; partners or more of their votin | erships of which yo g securities; and a | ou are a general partner; corporations are a general partner; corporations managing agent, including one is, such as child support and |
| | ☐ Yes. | List all payn | nents to an insider. | | | | |
| | | Name and | Address | Dates of payment | Total amount | Amount you | Reason for this payment |
| | Insider's | Name and | | | paid | still owe | |
| 3. | Within 1 y insider? Include pa | year before | you filed for bankru | | paid | | ccount of a debt that benefited |
| 3. | Within 1 y insider? Include pa ■ No □ Yes. | year before | you filed for bankru debts guaranteed or c nents to an insider | otcy, did you make any pa | paid | | ccount of a debt that benefited Reason for this payment Include creditor's name |
| 3. | Within 1 yinsider? Include pa No Yes. Insider's | year before ayments on o List all payn | you filed for bankru debts guaranteed or c nents to an insider Address | otcy, did you make any pa | paid ayments or transfer a | any property on a | Reason for this payment |
| Part | Within 1 yinsider? Include pa No Yes. Insider's Idea Within 1 y | year before ayments on of List all payn Name and ntify Legal of year before th matters, i | you filed for bankru debts guaranteed or c nents to an insider Address Actions, Repossessi you filed for bankru | otcy, did you make any pa osigned by an insider. Dates of payment | paid ayments or transfer a Total amount paid any lawsuit, court ac | Amount you still owe | Reason for this payment Include creditor's name |
| Part | Within 1 yinsider? Include pa No Yes. Insider's Iden Within 1 yList all suc | year before ayments on of List all payn Name and ntify Legal of year before th matters, i | you filed for bankrup debts guaranteed or conents to an insider Address Actions, Repossessi you filed for bankrup ncluding personal inju | otcy, did you make any partice, did you make any partice. Dates of payment ons, and Foreclosures otcy, were you a party in a | paid ayments or transfer a Total amount paid any lawsuit, court ac | Amount you still owe | Reason for this payment Include creditor's name |
| Part | Within 1 yinsider? Include pa No Yes. Insider's Ider Within 1 y List all sucmodification | year before ayments on of List all payn Name and ntify Legal of year before th matters, i | you filed for bankrup debts guaranteed or connents to an insider Address Actions, Repossessi you filed for bankrup ncluding personal injuntract disputes. | otcy, did you make any partice, did you make any partice. Dates of payment ons, and Foreclosures otcy, were you a party in a | paid ayments or transfer a Total amount paid any lawsuit, court ac | Amount you still owe | Reason for this payment Include creditor's name |
| Part | Within 1 yinsider? Include pa No Yes. Insider's Ider Within 1 y List all sucmodification | vear before ayments on of List all paym Name and ntify Legal vear before the matters, it ons, and core Fill in the dece | you filed for bankrup debts guaranteed or connents to an insider Address Actions, Repossessi you filed for bankrup ncluding personal injuntract disputes. | otcy, did you make any partice, did you make any partice. Dates of payment ons, and Foreclosures otcy, were you a party in a | paid ayments or transfer a Total amount paid any lawsuit, court ac | Amount you still owe | Reason for this payment Include creditor's name |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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| | | ed, garnished, attached | I, seized, or levied? |
|---|--|--|--|
| No. Go to line 11.Yes Fill in the information below | | | |
| | Describe the Property | Date | Value of the |
| Creditor Name and Address | Describe the Property | Date | property |
| | Explain what happened | | |
| | Automobile | | \$1,602.00 |
| | ☐ Property was repossessed | 2010 | |
| | , , , | | |
| • | • • | | |
| | | | |
| | _ reporty was altashed, solesa or loried. | | |
| AmeriCredit/GM Financial PO Box 183853 | 2014 Chevrolet Sonic | March 2019 | \$6,747.00 |
| Arlington, TX 76096 | ■ Property was repossessed. | | |
| | ☐ Property was foreclosed. | | |
| | ☐ Property was garnished. | | |
| | ☐ Property was attached, seized or levied. | | |
| court-appointed receiver, a custodian, or a No Yes List Certain Gifts and Contributions | nother official? | | |
| □ No | nor, and you give any gine with a total value of more | than 4000 per person. | |
| Yes. Fill in the details for each gift. | | | |
| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
| Person to Whom You Gave the Gift and Address: | | | |
| Deborah Jackson 21725 East Wellsley Ave. #23 Otis Orchards, WA 99027 | Cash/support | 2018 - 2019 | \$450.00 |
| Person's relationship to you: Mother | | | |
| ■ No | | tal value of more than | \$600 to any charity? |
| | | Dates you contributed | Value |
| | Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address Prestige Financial Svc Attn: Bankruptcy 1420 South 500 West Salt Lake City, UT 84115 AmeriCredit/GM Financial PO Box 183853 Arlington, TX 76096 Within 90 days before you filed for bankrupt accounts or refuse to make a payment bed accounts on the details for each gift. Situation of the payment of th | Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address Prestige Financial Svc Attn: Bankruptcy 1420 South 500 West Sait Lake City, UT 84115 Property was repossessed. Property was foreclosed. Property was garnished. Property was garnished. Property was attached, seized or levied. AmeriCredit/GM Financial PO Box 183853 Arlington, TX 76096 Property was repossessed. Property was foreclosed. Property was foreclos | No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address Explain what happened Prestige Financial Svc Attn: Bankruptcy 1420 South 500 West Salt Lake City, UT 84115 Property was repossessed. Property was foreclosed. Property was garnished. Property was foreclosed. Property was garnished. P |

Case number (if known)

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debtor 1 Aimee Rene Jackson

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Official Form 107

Best Case Bankruptcy

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Statement of Financial Affairs for Individuals Filing for Bankruptcy

| | ben | neficiary? (These are often called asset-pro | otection | devices.) | | | | | | | |
|-----|--------------|--|------------|---|-------------------------|--------------|--|---|--|--|--|
| | | Yes. Fill in the details. | | | | | | | | | |
| | Na | me of trust | D | escription and | value of the pro | perty trans | sferred | Date Transfer was made | | | |
| Par | t 8: | List of Certain Financial Accounts, In | strumer | nts, Safe Depos | it Boxes, and S | torage Unit | s | | | | |
| 20. | solo Incl | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? nclude checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage nouses, pension funds, cooperatives, associations, and other financial institutions. | | | | | | | | | |
| | = | No | | | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | | | |
| | | me of Financial Institution and dress (Number, Street, City, State and ZIP le) | | digits of nt number | Type of acco instrument | unt or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | | | |
| 21. | | you now have, or did you have within 1 h, or other valuables? | year bef | ore you filed fo | or bankruptcy, a | ny safe dep | posit box or other depos | itory for securities, | | | |
| | | No Yes. Fill in the details. | | | | | | | | | |
| | | me of Financial Institution dress (Number, Street, City, State and ZIP Code) | Α | Tho else had ac ddress (Number, ate and ZIP Code) | | Describe | the contents | Do you still have it? | | | |
| 22. | Hav | ve you stored property in a storage unit of No Yes. Fill in the details. | or place | other than you | r home within 1 | l year befor | e you filed for bankrupte | cy? | | | |
| | | me of Storage Facility dress (Number, Street, City, State and ZIP Code) | to A | /ho else has or o it? ddress (Number, tate and ZIP Code) | | Describe | the contents | Do you still have it? | | | |
| Pai | t 9: | Identify Property You Hold or Control | for Son | neone Else | | | | | | | |
| 23. | | you hold or control any property that so someone. No | meone | else owns? Inc | lude any propei | rty you borr | rowed from, are storing t | for, or hold in trust | | | |
| | | Yes. Fill in the details. | | | | | | | | | |
| | | vner's Name dress (Number, Street, City, State and ZIP Code) | (N | /here is the pro lumber, Street, City, ode) | | Describe | the property | Value | | | |
| Pai | t 10: | Give Details About Environmental Info | ormatio | n | | | | | | | |
| For | the p | purpose of Part 10, the following definiti | ons app | ly: | | | | | | | |
| | toxi | rironmental law means any federal, state ic substances, wastes, or material into t ulations controlling the cleanup of these | he air, la | and, soil, surfac | e water, ground | | | | | | |
| | Site | e means any location, facility, or property | y as def | ined under any | environmental | law, wheth | er you now own, operate | e, or utilize it or used | | | |

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Official Form 107

to own, operate, or utilize it, including disposal sites.

| 24. | Has | any governmental unit notified you that | you may be liable or potentially liable | under or in violation of an environm | ental law? |
|-----|----------|---|--|--|--------------------|
| | | No | | | |
| | | Yes. Fill in the details. me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and | Environmental law, if you know it | Date of notice |
| | | , | ZIP Code) | | |
| 25. | Hav | e you notified any governmental unit of | any release of hazardous material? | | |
| | | No Yes. Fill in the details. | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 26. | Hav | e you been a party in any judicial or adm | ninistrative proceeding under any envir | onmental law? Include settlements | and orders. |
| | = | No | | | |
| | | Yes. Fill in the details. | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
| Par | + 11- | Give Details About Your Business or 0 | Connections to Any Business | | |
| | | _ | • | | |
| 27. | With | nin 4 years before you filed for bankrupt | • • | | y business? |
| | | ☐ A sole proprietor or self-employed in | n a trade, profession, or other activity, | either full-time or part-time | |
| | | ☐ A member of a limited liability comp | any (LLC) or limited liability partnershi | p (LLP) | |
| | | ☐ A partner in a partnership | | | |
| | | ☐ An officer, director, or managing exe | ecutive of a corporation | | |
| | | ☐ An owner of at least 5% of the voting | g or equity securities of a corporation | | |
| | | No. None of the above applies. Go to P | Part 12. | | |
| | | Yes. Check all that apply above and fill | in the details below for each business. | | |
| | | siness Name | Describe the nature of the business | Employer Identification number | |
| | | dress nber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Do not include Social Security Dates business existed | number or ITIN. |
| 28. | | nin 2 years before you filed for bankruptoitutions, creditors, or other parties. | cy, did you give a financial statement to | | ude all financial |
| | | No Yes. Fill in the details below. | | | |
| | | me dress nber, Street, City, State and ZIP Code) | Date Issued | | |
| | | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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| Debtor 1 Aimee Rene Jackson | | Case number (if known) |
|---|--|--|
| Part 12: Sign Below | | |
| are true and correct. I understand that i | making a false statement, concealing pro nes up to \$250,000, or imprisonment for u | ents, and I declare under penalty of perjury that the answers perty, or obtaining money or property by fraud in connection p to 20 years, or both. |
| /s/ Aimee Rene Jackson | | |
| Aimee Rene Jackson Signature of Debtor 1 | Signature of Debtor 2 | |
| Date April 2, 2019 | Date | |
| No | r Statement of Financial Affairs for Indivi | duals Filing for Bankruptcy (Official Form 107)? |
| □ Yes | who is not an attenuante halmon sufficient | handmunday farma 2 |
| Did you pay or agree to pay someone w | vho is not an attorney to help you fill out | pankruptcy forms? |

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Best Case Bankruptcy

| Debtor 1 | Aimee Rene Ja | ckson | | |
|--|--|---|--|---|
| | First Name | Middle Name | Last Name | |
| Debtor 2 Spouse if, filing) | First Name | Middle Name | Last Name | |
| | ankruptcy Court for the | | RICT OF WASHINGTON | |
| Tilleu States Da | arikrupicy Court for the | e. WESTERN DISTR | NOT OF WASHINGTON | |
| Case number _ f known) | | | | ☐ Check if this is an amended filing |
| | | | | |
| Official Fo | | | | |
| <u>Stateme</u> i | nt of Intenti | on for Indiv | riduals Filing Under Chapte | r 7 12/15 |
| vou are en ind | lividual filing under e | hapter 7, you must fil | Lout this form if: | |
| - | e claims secured by | | rout this form in. | |
| _ | - | y and the lease has n | ot expired | |
| | | | you file your bankruptcy petition or by the date set | for the meeting of creditors, |
| whiche | ever is earlier, unless | | e time for cause. You must also send copies to the | |
| on the | form | | | |
| | | her in a joint case, bo | th are equally responsible for supplying correct inf | ormation. Both debtors must |
| sign ai | nd date the form. | | | |
| | | | s needed, attach a separate sheet to this form. On t | he top of any additional pages, |
| write y | our name and case r | | | |
| | | iumber (ii known). | | |
| Part 1: List Y | | | | |
| - | our Creditors Who H | ave Secured Claims | | |
| . For any credit | our Creditors Who H | ave Secured Claims | : Creditors Who Have Claims Secured by Property | (Official Form 106D), fill in the |
| For any credit | our Creditors Who H | ave Secured Claims Part 1 of Schedule D | What do you intend to do with the property that | Did you claim the property |
| For any credit | our Creditors Who H tors that you listed in elow. | ave Secured Claims Part 1 of Schedule D | | |
| For any credit | our Creditors Who H tors that you listed in elow. | ave Secured Claims Part 1 of Schedule D | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| For any credit information be Identify the cr | our Creditors Who H tors that you listed in elow. | ave Secured Claims Part 1 of Schedule D | What do you intend to do with the property that secures a debt? □ Surrender the property. | Did you claim the property |
| For any credit information be identify the cr | our Creditors Who H tors that you listed in elow. | ave Secured Claims Part 1 of Schedule D | What do you intend to do with the property that secures a debt? Surrender the property. Retain the property and redeem it. | Did you claim the property as exempt on Schedule C |
| For any credit information be identify the creditor's name: | our Creditors Who H tors that you listed in elow. reditor and the propert | ave Secured Claims Part 1 of Schedule D | What do you intend to do with the property that secures a debt? ☐ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. | Did you claim the property as exempt on Schedule C |
| For any credit information be Identify the creditor's name: Description of property | Your Creditors Who Hotors that you listed in elow. reditor and the propert | ave Secured Claims Part 1 of Schedule D | What do you intend to do with the property that secures a debt? Surrender the property. Retain the property and redeem it. Retain the property and enter into a | Did you claim the property as exempt on Schedule C |
| For any credit information be identify the creditor's name: | Your Creditors Who Hotors that you listed in elow. reditor and the propert | ave Secured Claims Part 1 of Schedule D | What do you intend to do with the property that secures a debt? ☐ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. | Did you claim the property as exempt on Schedule C? □ No |
| For any credit information be Identify the creditor's name: Description of property securing debts | Your Creditors Who Hotors that you listed in elow. reditor and the propert | ave Secured Claims Part 1 of Schedule D | What do you intend to do with the property that secures a debt? □ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | Did you claim the property as exempt on Schedule C |
| For any credit information be identify the creditor's name: Description of property securing debts Creditor's | Your Creditors Who Hotors that you listed in elow. reditor and the propert | ave Secured Claims Part 1 of Schedule D | What do you intend to do with the property that secures a debt? □ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | Did you claim the property as exempt on Schedule C |
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Statement of Intention for Individuals Filing Under Chapter 7

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Best Case Bankruptcy

| Del | otor 1 Aimee Re | ene Jackson | Case number (| if known) |
|-------|----------------------------|---|--|--|
| r | name: | | ☐ Retain the property and redeem it. | ☐ Yes |
| | | | Retain the property and redeem it. | 163 |
| Γ | Description of | | Reaffirmation Agreement. | |
| | roperty | | ☐ Retain the property and [explain]: | |
| | securing debt: | | — retain the property and texplaint. | |
| Par | t 2: List Your U | nexpired Personal Property Leas | ses | |
| in th | ne information belo | ow. Do not list real estate leases | ted in Schedule G: Executory Contracts and Ur . Unexpired leases are leases that are still in eff e if the trustee does not assume it. 11 U.S.C. § 3 | ect; the lease period has not yet ended. |
| Des | scribe your unexp | ired personal property leases | | Will the lease be assumed? |
| Les | ssor's name: | Woodlake Apartments | | □ No |
| | | | | ■ Yes |
| Pro | scription of leased perty: | One year residential lease. | Expires July 2019. | |
| Und | ler penalty of perju | rry, I declare that I have indicated at to an unexpired lease. | d my intention about any property of my estate t | that secures a debt and any personal |
| | | .lackson | Χ | |
| X | /s/ Aimee Rene | , oackson | | |
| X | /s/ Aimee Rene Ja | | Signature of Debtor 2 | |
| X | | ackson | | |

Statement of Intention for Individuals Filing Under Chapter 7

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Best Case Bankruptcy

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

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Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

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United States Bankruptcy Court Western District of Washington

| In re | Aimee Rene Jackson | | Case No |) . |
|--------------|--|--|--|---|
| | | Debtor(s) | Chapter | 7 |
| | DISCLOSURE OF COMPENSA | TION OF ATTO | RNEY FOR I | DEBTOR(S) |
| C | ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I compensation paid to me within one year before the filing of the rendered on behalf of the debtor(s) in contemplation of or in | he petition in bankruptcy | , or agreed to be pa | id to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 1,000.00 |
| | Prior to the filing of this statement I have received | | | 1,000.00 |
| | Balance Due | | \$ | 0.00 |
| 2. T | he source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 3. T | he source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4 . ■ | I have not agreed to share the above-disclosed compensation | on with any other person | n unless they are me | mbers and associates of my law firm. |
| [| I have agreed to share the above-disclosed compensation v copy of the agreement, together with a list of the names of | | | |
| 5. I | n return for the above-disclosed fee, I have agreed to render le | egal service for all aspec | ets of the bankruptcy | v case, including: |
| b. | Analysis of the debtor's financial situation, and rendering a Preparation and filing of any petition, schedules, statement [Other provisions as needed] Representation of debtor at the first meeting value; exemption planning; preparation and f | of affairs and plan whice of creditors, negotia | tions with secure | |
| 6. B | y agreement with the debtor(s), the above-disclosed fee does Motions for redemption under 11 USC 722, ju USC 506, responding to any motions regardle from stay, motions to abandon, 2004 examina adversary complaint is filed or not, amendme at additional/continued 341 meeting of credite 1, recovery of garnished funds, re-opening th motion or adversary matter not specifically designations. | dgment lien avoidaness of the filing party ations, any matters rents to Bankruptcy sors preparation and be Bankruptcy case f | ice under 11 USC y, including but n elated to adversa chedules or state review of reaffirm | ot limited to motions for relief ary proceedings whether an ements after filing, attendance nation agreements in excess of |
| | CE | RTIFICATION | | |
| | certify that the foregoing is a complete statement of any agree nkruptcy proceeding. | ement or arrangement fo | or payment to me for | representation of the debtor(s) in |
| Αp | oril 2, 2019 | /s/ N. Brian Halla | | |
| Da | te | N. Brian Hallaq 2 Signature of Attorn | | |
| | | GHG Legal | vey | |
| | | 31811 Pacific Hi | ghway South | |
| | | B101 Federal Way, W | A 98003 | |
| | | 206.729.4777 F | ax: 206.729.4778 | |
| | | jan@ghglegal.co Name of law firm | om | |
| | | name oj taw jirm | | |

United States Bankruptcy Court Western District of Washington

| In re | Aimee Rene Jackson | | Case No. | |
|---------|-------------------------------------|---|---------------------|-----------------------|
| | | Debtor(s) | Chapter | 7 |
| | VERII | FICATION OF CREDITOR | MATRIX | |
| The abo | ove-named Debtor hereby verifies th | at the attached list of creditors is true and | correct to the best | of his/her knowledge. |
| Date: | April 2, 2019 | /s/ Aimee Rene Jackson | | |
| | | Aimee Rene Jackson | | |
| | | Signature of Debtor | | |

ACLRTD CLCTN 1125 HARVEY RD AUBURN, WA 98002

ADVANCE CASH PO BOX 10 PARSHALL, ND 58770

AMERICREDIT/GM FINANCIAL PO BOX 183853 ARLINGTON, TX 76096

AMSHER COLLECTION SERVICES 600 BEACON PKWY STE. 300 BIRMINGHAM, AL 35209

ARROWHEAD ADVANCE PO BOX 6048 PINE RIDGE, SD 57770

ASHLEY FUNDING SERVICES, LLC PO BOX 10587 GREENVILLE, SC 29603

AUDIT & ADJUSTMENT 19401 40TH AVE. W., SUITE 312 LYNNWOOD, WA 98036

AUDIT & ADJUSTMENT PO BOX 1959 LYNNWOOD, WA 98046

AUTOMATED ACCOUNTS, INC. 430 WEST SHARP AVE SPOKANE, WA 99201

BRADLEY BOSELL JONES P.S. 13401 VASHON HWY SW VASHON, WA 98070

CALVARY PORTFOLIO SERVICES 500 SUMMIT LAKE STE 400 VALHALLA, NY 10595

CAPITAL ONE AUTO FINANCE PO BOX 30285 SALT LAKE CITY, UT 84130

CASH ADVANCE USA LTD. 401 CONGRESS AVE. SUITE 1545 AUSTIN, TX 78701

CAVALRY SPV I, LLC C/O SUTTELL & HAMMER PS PO BOX C-90006 BELLEVUE, WA 98009

CAVALRY SPV, I, LLC 500 SUMMIT LAKE DRIVE SUITE 400 VALHALLA, NY 10595-1340

CEDAR RIVER CHIROPRACTIC 15301 MAPLE VALLEY HWY STE. 300 RENTON, WA 98058

CENTER FOR DIAGOSTIC IMAGING PO BOX 94624 SEATTLE, WA 98124

CREDIT ONE BANK PO BOX 98873 LAS VEGAS, NV 89193

DYNAMIC COLLECTORS INC 790 S. MARKET BLVD CHEHALIS, WA 98532

EVERGREEN PROFESSIONAL ATTN: BANKRUPTCY DEPT PO BOX 666 BOTHELL, WA 98041

FED LOAN SERV POB 60610 HARRISBURG, PA 17106 FEDLOAN POB 60610 HARRISBURG, PA 17106

FINGERHUT PO BOX 166 NEWARK, NJ 07101

FST PREMIER 601 S MINNEAPOLIS AVE SIOUX FALLS, SD 57104

GENESIS FS CARD SERVICES PO BOX 23013 TRENTON, TX 75490

GENTLE BREEZE 8 CRESTWOOD ROAD BOULEVARD, CA 91905

INTERNAL REVENUE SERVICE 915 SECOND AVENUE MS W180 SEATTLE, WA 98174

KEY BANK NATIONAL ASSOCIATION PO BOX 94968 CLEVELAND, OH 44101-4968

LABCORP PO BOX 2240 BURLINGTON, NC 27216

LANE BRYANT
PO BOX 659728
SAN ANTONIO, TX 78265-9728

LCA COLLECTIONS
PO BOX 2240
BURLINGTON, NC 27216

MERCHANTS CREDIT ASSOCIATION PO BOX 7416 BELLEVUE, WA 98008

NPRTO WEST, LLC 256 WEST DATA DRIVE DRAPER, UT 84020

OVERLAKE HOSPITAL MEDICAL CTR PO BOX 3565 SEATTLE, WA 98124

PACIFIC MEDICAL INC. 1801 W. OLYMPIC BLVD PASADENA, CA 91199

PREMIER BANKCARD LLC C/O RUSHMORE SERVICE CENTER PO BOX 5507 SIOUX FALLS, SD 57117-5507

PREMIER BANKCARD, LLC PO BOX 7999 SAINT CLOUD, MN 56302

PRESTIGE FINANCIAL SVC ATTN: BANKRUPTCY 1420 SOUTH 500 WEST SALT LAKE CITY, UT 84115

PRO COLLECT, INC 12170 N. ABRAMS RD, STE 100 DALLAS, TX 75243

RADIA, INC. PS PO BOX 34473 SEATTLE, WA 98124

RENTON COLLECTIONS PO BOX 272 RENTON, WA 98057

SALLIE MAE ATTN: NAVIENT PO BOX 9500 WILKES-BARR, PA 18873 SEATTLE EMERGENCY PHYSICIANS SERVICES, INC. P.S. PO BOX 749741 LOS ANGELES, CA 90074

SENTRY CREDT PO BOX 12070 EVERETT, WA 98206

SPEEDY CASH 1311 HARRISON AVE. CENTRALIA, WA 98531

STELLAR RECOVERY INC ATTN: BANKRUPTCY 4500 SALISBURY ROAD STE 105 JACKONVILLE, FL 32216

STELLAR RECOVERY INC. 4500 SALISBURY ROAD SUITE 10 JACKSONVILLE, FL 32216

SWEDISH 747 BROADWAY SEATTLE, WA 98122

SYNCHRONY BANK PO BOX 965060 ORLANDO, FL 32896

SYNCHRONY BANK/ JC PENNEYS ATTN: BANKRUPTCY PO BOX 956060 ORLANDO, FL 32896

T-MOBILE PO BOX 742596 CINCINNATI, OH 45274

THROUGH THE COUNTRY DOOR 1112 7TH AVENUE MONROE, WI 53566

US BANK/RMS CC CARD MEMBER SERVICES PO BOX 108 ST LOUIS, MO 63166

US DEPT ED ECMC/BANKRUPTCY PO BOX 16408 ST PAUL, MN 55116

US DEPT OF EDUCATION ATTN: BANKRUPTCY PO BOX 16448 SAINT PAUL, MN 55116

WASHINGTON STATE EMPLOYEES CU ATTN: MEMBER SOLUTIONS PO BOX WSECU OLYMPIA, WA 98507

WESTLAKE FINANCIAL SRVS CUSTOMER CARE PO BOX 76809 LOS ANGELES, CA 90054

WSECU PO BOX WSECU OLYMPIA, WA 98507

XFINITY FDBA COMCAST PO BOX 34744 SEATTLE, WA 98124-1744